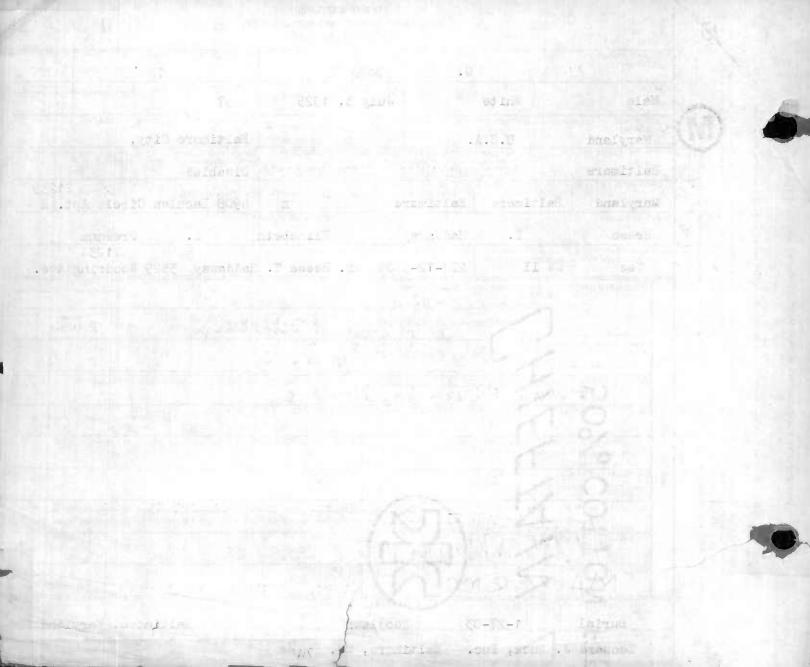
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

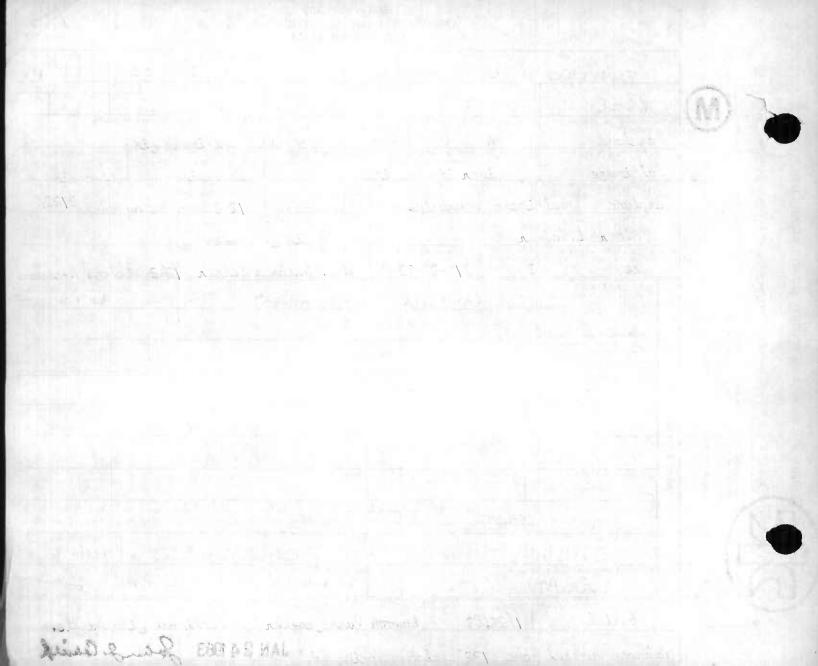
	1-	FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE & 3	NO.	0 0	9	7 2
		CEASED NAME FIR	ST A	AIDDLE		AST	20. DATE OF DEATH		DAY YE	R 2b	HOUR
	TYPE	RICH	HARD	G.	HAD	DAWAY		- 1	23 8	3 1	4:10P M
-	3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1	EAR IF	UNDER 24 HRS
	M	fale	White		July	3, 04925 YEAR	57	MDC		AYS H	OURS MIN.
1	34	HTHPLACE (STATE OR FOREIG	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MARRIE	NEVER MARRIED	9. BALTIMORE CITY		TY OF DEAT	Н	
e	-	Maryland	U.S.A		WIDOWE	D DIVORCED D	Baltimore			10.05.0	MD BUSINESS OR
	B	Baltimore	VAMC,	BALTIM	ORE, M	ARYLAND 21218	TYPE OF WORK FOR MOS Disabled		INDUS		103114E33 OR
5	13a. S	AL RESIDENCE (IF NURSING HISTATE	one of other institution. County Saltimore	Baltin	OWN	134. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS		Circle		1239 • E
2		Reese	MIDDLE L.	Hadday	way	15. MOTHER'S MAIDEN NAV Elizabeth	MIDDLE		Freema	LAST	
5		WAS DECEASED EVER IN U.		160 SOCIALS	ECURITY NO.	17. INFORMANT	ADD	RESS	2123	54	
4		YES NO OR UNKNOWN) (IF	W II	220-12	2-6505	Mr. Reese T.	Haddaway	3529	Woodri	ng	Ave.
		18 CAUSE OF DEATH (En PART I. DEATH WAS C 2028 IMM	AEDIATE CAUSE (a)	R AS A CONSE	QUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
			te	R AS A CONSE	QUENCE OF	fymphomo	s-awopy.		2	- 5	,~
	NO	PART 2. OTHER SIGNIFIC	MANAM FUL	NEW	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	GIVEN IN PAR	Tito	
1	CERTIFICATION	198 DATE OF OPERATION	19b. CONDI	ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?		S USED DEATH?		
7		21a. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICALEX	OF DEATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN	B PART I OR PAR	[2]	•	
	MEDICAL	21d. INJURY OCCURRED WHILE ON TWHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFF	FICE, FARM, ETC]	211. LOCATION STREET	CITY OR	Y	STATE		
		22a.1 certify that (X (this saw the deceased ali	haspital) attended the	deceased from Y 23	PECEM	BER 4 , 19 82 d that in (M) (aur) apinion (, to JANUAR death accurred on the	V 23 dote and h	., 19 <u>83</u> aur and fram	, tha	ot X (we) last uses stated
/		22h SIGNATURE	MOV	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D							
		224. PHYSICIAN'S NAME	(TYPE OR PRINT)	220 ADDRESS			MORE, MAR	RYLAND	212	18	
		BURIAL, CREMATION, REM	OVAL 23b. DATE		23c. NAME OF C	EME ERY OR CREMATORY	236. LOCATION		COUNTY		STATE
		Burial	1-27-8	13	Woodla			altimo	ore. M	aryl	and
	24 FI	Teonard J.	Ruck, Inc	. Ba	l'timore,	MA. JAN	24 1983	ROPREGI	STRAK'S SIG	Ale	ich.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.



DIVISION OF VITAL RECORDS.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH LTYPE OR PRINTI Jerry Thornton Hale January 26, 1983 5:00P M 4 RACE 5 DATE OF BIRTH 3 SEX 11 08 14 White Male TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED U.S.A. Virginia WIDOWED Baltimore City 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Maryland General Hospital Rivetor Steel Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 120 N. Janney Street, 21224 Maryland Baltimore YES TE NOF 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Sears James M Hale Lena 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Roanoke, Virginia HE YES, GIVE WAR OR DATES! 229-05-8735 Allen DeShon 1001 Franklin Road 24016 No 18. CAUSE OF DEATH (Enter only one cause per line far to), (b), and (c) Cardiopulmonary Arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Gastrointestinal Bleeding gave rise to immediate

couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Severe Peripheral Vascular Disease

Acute Occlussion of left Iliac

January 16, 198 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

NOT WHILE

21s. PLACE OF INJURY

AT HOME, STREET FACTORY OFFICE FARM, ETC.) 220.1 certify that (4) (this haspital) attended the deceased from January 12 ... 19 83 ... to January 26. 19 83 ... that 🛣 (we) lost

211 LOCATION

CITY OR TOWN

20a AUTOPSY?

COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

obove, (it/(we) (did) (did not) view the body after death

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

01 - 29 - 83

22ª ADDRESS

DEGREE

DIRECTOR PHYSICIAN X C/O Maryland General Hospital

22c DATE SIGNED 1/26/83

8

MEDICAL

DHMH - 16 50M 4/B2 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

Removal/Burial

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION Salem

Roanoke

Va.

24 FUNERAL DIRECTOR Balto., Md. Hubbard Funeral Home, Inc.

William Polito, M.D.

21229 4107 Wilkens Ave

Church Hill

JAN 28 1983

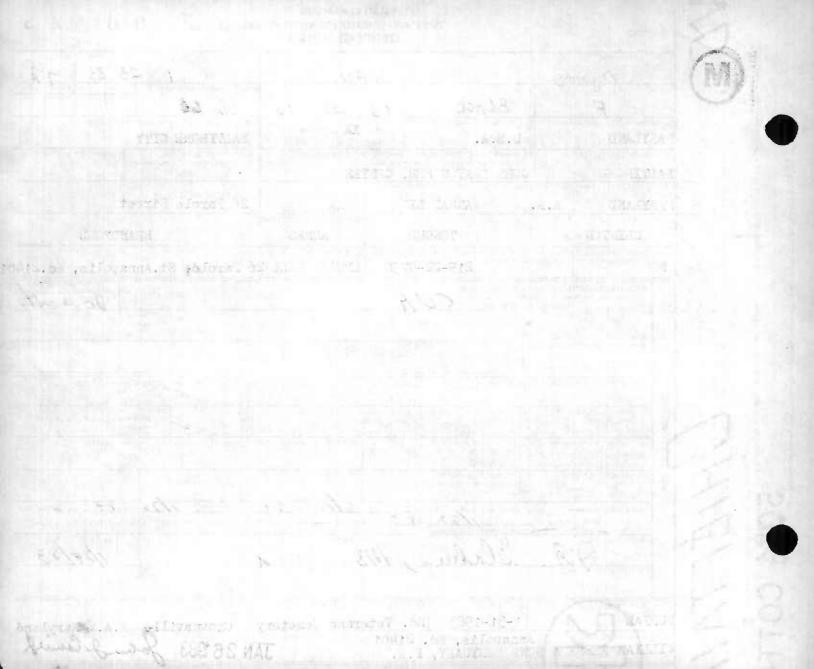
_19_83___, and that in (mg (aur) opinion death occurred on the date and hour and from the causes stated

MEDICAL

250 DATE REC'D. BY REGISTRAR PREGISTRAR'S SIGNATURE

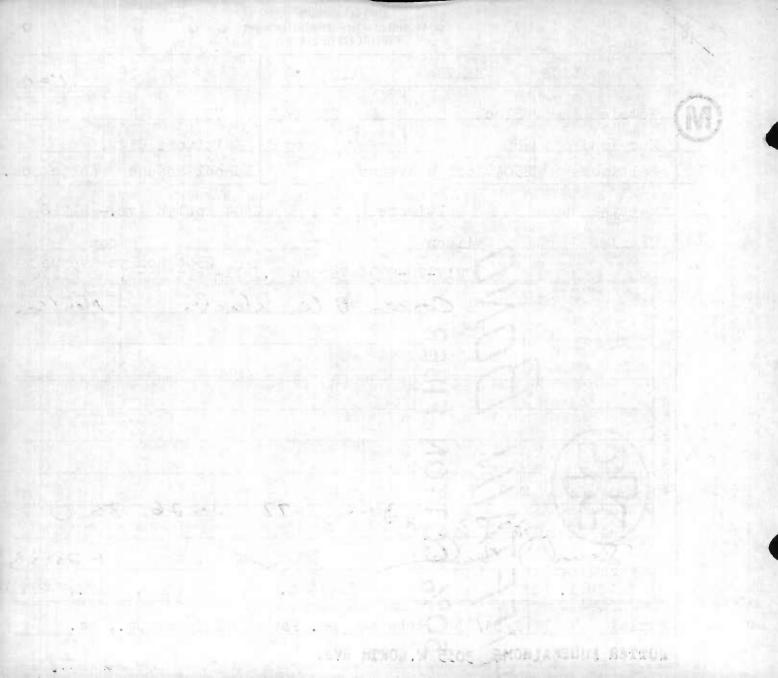
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5	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 0	0 9 7 5
	DECEASED NAME F TYPE OR PRINT) AQUE	IRST MIDDLE	LIGII	20. DATE OF DEATH MONTH DAY	10000
	SEX . F	4. RACE BLACK	5. DATE OF BIRTH MONTH DAY VEAR 0.3 21 16	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
E & M	BIRTHPLACE (STATE OR FORE		8. MARRIED XX NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF BALTIMORE CITY	OF DEATH MD
(5)	CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
o U		OUT THER INSTITUTION, GIVE RESIDENCE BEFOR 13c. CITY OR TOW ANNAPOLI	ADMISSION	13e. STREET ADDRESS 26 Parole Street	21401
) N 14	CLINTON	MIDDLE TONGUE	15. MOTHER'S MAIDEN NA		NDFORD ST
medical around	NO OF UNKNOWN	U.S. ARMED FORCES? 166 SOCIAL SECU FYES, GIVE WAR OR DATES] 219-22-0		26 Parolee St.Anna	apolis, Md.214
rinjury, or other troumatic event,	PART 2 OTHER SIGNIFI	cant conditions <u>Contributing to</u>	ENCE OF DEATH BUT NOT RELATED TO THE TERM		
Mentol Hygiene priar	19a. DATE OF OPERATION		OPERATION WAS PERFORMED 1216 HOW INJURY OCCUR	200 AUTOPSY? YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PAR)	
	OR CONTRIBUTING CAUS LIF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	SE OF DEATH HOUR A.M. MONTH D EXAMINER) P.M. 21e. PLACE OF INJURY LATHOMY STREET FACTORY OFFICE I	AY YEAR 19 211 LOCATION	CITY OR TOWN	COUNTY STATE
21 is	22a.1 certify that (1) (the saw the deceased of above (1) (we) (did)	is haspital) attended the deceased from alive an [19]		death accurred an the date and hour a	
with the State Dept IMPORTANT: If Item	228. SIGNATURE	P Glader	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	12. DATE SIGNED
В	Bo. BURIAL, CREMATION, REAUSTECHT	1-31-1983 Md	NAME OF CEMETERY OR CREMATORY • Veterans Cemeter	23d LOCATION CITY OR TOWN TY Crownsville	county state
M 4/82 W	FUNERAL DIRECTOR ILLTAM REESE	Annapolis, Md. 852 & SONS MORTUARY, P.	21401 250. DA	TAN 26 1983	AR'S SIGNATURE



BALTIMORE.

DIVISION OF VITAL RECORDS,



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CJ.	0
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	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	097
	1. DECEASED NAME FIRST (TYPE OR PRINT) 7R4C)	MIDDLE L.	HALL	20. DATE OF DEATH MONTH D	YEAR 25 HOUR
	3 SEX FEMALE	1 RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 2 99		IF UNDER 1 YEAR IF UNDER 24 HRS ON 145 DAYS HOURS MIN.
9	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Michigan	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City	OF DEATH M
	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A 424 E. Lake	G HOME OR OTHER INSTITUTION Appress)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	12b. KIND OF BUSINESS OF INDUSTRY
5	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 136 COUN		N 113d. INSIDE CITY LIMITS?	13. STREET ADDRESS 424 E. Lake A	ve. 21212
36	14 FATHER'S NAME FIRST	Lake LAST	Unk. FIRST	ME	LAST
	16a WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 215 44 0		P. Donnelly 10 I	Light St.
		ly ane couse per line far (o), (b), onc D BY: IE CAUSE (o) DUE TO, OR AS A CONSEQUE	TENSIVE CARDIOVAS	SCULAR DISEASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION DIABETES MELLITU 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOW YES T NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

21d. INJURY OCCURRED

21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

DEGREE

211 LOCATION

CITY OR TOWN

COUNTY

STATE

NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from 29 sow the deceased alive an Nov 29 abave, (1) (we) (did) (did not) view the bady after death and that in (my) (our) apinion death occurred on the date and hour and fram the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22c. DATE SIGNED

Cremation

1/15/83

Green Mount Cem.

Bartimore, Md. COUNTY

24 FUNERAL DIRECTOR

morked or he

IMPORTANT: If Hem 21 is

should be detached with the State Dept.

MITCHELL-WIEDEFELD HOME, INC.

6500 York Rd.

DHMH - 16 50M 1/B1 (VRA 15, 4)



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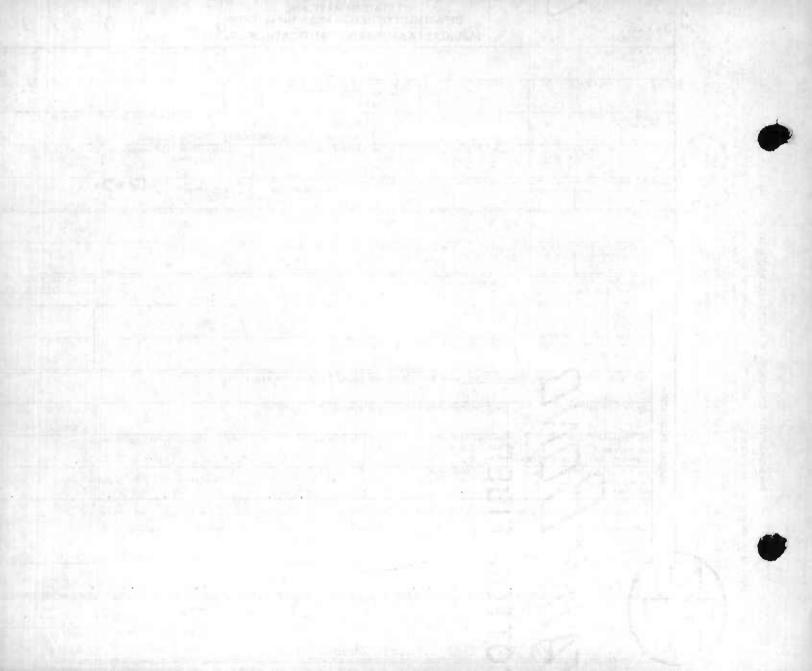
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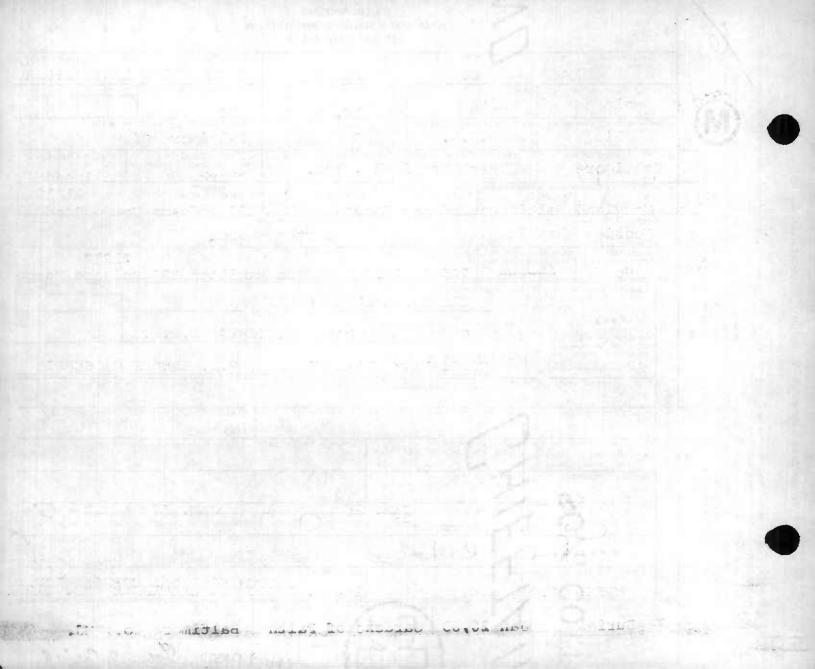
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MAL	1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE 8	3 REG. NO.	0 0	9 7	8
or it 3		CEASED NAME	OSCAR		JULIUS		ALSTAD		20 DATE OF C		10/83	26 HOUR	R Smi
oy cror. pog	3 SEX	Male	4.1	RACE Whi	te	5. DATE C	F BIRTH	VEAR O2	6 AGE (INYEA	RS LAST BIRTHDAY)	IF UNDER 1 Y	EAR IF UNDER 2	MIN.
neral dire		RTHPLACE (STATE OR OUNTRY) Michig	an	CITIZEN OF V	VHAT COUNTR	V2 R	NEVER A		9 BALTIMORI	Y	INTY OF DEATH	н	MD.
by the fu	Ва	YORTOWN OF DEA		St. Ag	OSPITAL, NURS FACILITY, GIVE STRI NES HOS	pital	R OTHER INST	ITUTION	120 USUAL OF Crew	CCUPATION OR MOST OF WORK Man		t Guard	
filled in	Ma Ma	A RESIDENCE (IF NURS TATE I ryland	Anne	Arunde	Trasad	ORE ADMISSION) OWN Lena	13d. INSIDE C	ио 🏝		riendly	Road	21122	
completely 1 and 2 s	3	THER'S NAME FIRST Martin			Ho1s			inster Nation Nation		WIDDLE		Husby	
Pages Pages	16a W	AS DECEASED EVER	Coast	FORCES? Guard	366-34		Ray &				ph Ave. I. po Bo		2
signed by the attendin Then please remove carb to burial, cremation, ar i njury, ar other traumatic	7 NO	Conditions, if ony gove rise to improve (o), stofit underlying couse	mediate ng the lost.	(b) DUE TO, OR		cerebra alin	l hem	uurha uurha TO THE TERM	e . INAL DISEASE	Cema		T Îlo	
ificate has been l-transit permit. I of Hygiene prior in 18 skows any in	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDII	ION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	20a AUTOP	SY? 28b. IN C	F YES, WERE FIRE ERTIFYING CALL YES []	NDINGS USED ISES OF DEATH	H?
this certificate the buriol-transi and Mental Hygi ced or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE WHILE AT WORL	CAUSE OF DEATH ICAL EXAMINER) RED	21b. TIME OF HOUR A.A P.A 21e. PLACE C (AT HOME STRE	л. моnth л.	DAY YEAR 19	216. HOW IN			RE OF INJURY IN ITE	M 18 PART I ORPAR		TATE
oched for use os Dept. of Health		22a. I certify that (I) sow the decease above, (I) (we). 22b. SIGNATURE	(this hospital)	1-:	19	<u>83</u> , on	d that in (my)	, 19 83 (our) opinion o	todeath occurred	1 - 10 on the date one	d hour and from	, that (1) (w the causes state ATE SIGNED	
should be determined the Stote			. HUYN	VH	which		220 ADDRES	Agnes H	ospital	PHYSICIAN [
	Rei	urial, cremation, nova1/Buri		1/14/8		Luthera	n Cemet	tery	Sutto Towns	hip Bay	Leela		Î.
50M 1/B1 5, 4)		obard Fune	eral Ho	me, Inc	2 • 4107	Wilker	21229 s Ave.	JAN		10.0	GISTRAR'S SIG	Shulf	,

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(VR A15 ME (5)) 20M 4/82





FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CERTIFI	CATE OF D	EATH		REG. NO).		
1. DECEASED NAME	FIRST	~	NIDDLE	1.4	NST .		20. DATE OF		MONTH	DAY YEAR	26. HOUR
(1456 OK BRIM!)	FRANCI	S	Α.	НА	MMETT				1	9 83	1:14p
3. SEX	4.	RACE		5 DATE O	F BIRTH	YEAR	6. AGE (INY	EARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HI
MALE		WHITE	4-10-0	10		16		66	YRS.		
ZA-BIRTHPLACE (STATE	OR FOREIGN 76.		WHAT COUNTRY?	MARRIED	NEVER M	ARRIED -	9. BALTIMO	RE CITY O	R COUNT	Y OF DEATH	
MARYLAND		U.S.		WIDOWE	D DIV	ORCED		IMORE			
JO CITY OR TOWN OF	EATH 11		OSPITAL, NURSIN		R OTHER INST	ITUTION	120 USUAL			LIFE) INDUSTRY	OF BUSINESS
BALTIMORE	6	ETERAN	S ADMINIS	TRATI	ON MEDI	CAL CE	NTER	Deliv	erym	an Mes	senger
130. STATE Maryland	URSING HOME OF OT	timore	131. CITY OR TOWN	21221	YES	TY LIMITS?	13. STREET . 541	Wood	Lynn	Terrace	21221
14. FATHER'S NAME	AUF	DDLE	LAST	6.0.2		MAIDEN NAM	AE .	MIDDLE		LA	ST
Edmu		mmett		55/40		Ella	Davis				
166. WAS DECEASED EV			166. SOCIAL SECU	RITY NO.	17. INFORMA	NT	ADDRESS				
Yes	WWI		216 10	3446	46 Rose Hammett, Wife Same						
	GNIFICANT CO	(c)	ONTRIBUTING TO L	DEATH BUT			INAL DISEAS			GIVEN IN PART 1	
190 DATE OF OPE	RATION	146 CONDI	TION FOR WHICH	OFERATION		KMCD	YES 🗌	Ndy	IN CERT	TIFÝING CAUSE YES 🗌	
OR CONTRIBUTING	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH DA	AY YEAR	SIC HOW IN	JURY OCCURR	RED (ENTERNA	ATURE OF INJU	RY IN ITEM TO	8 PART T OR PART 2)	
(IF EITHER, NOTIFY A 21d. IN JURY OCC WHILE AT WORK	URRED	21e. PLACE ((AT HOME, STR)WN	COUNTY	STA	
220.1 certify that			e deceosed from_	JANUA 83 or	RY 3 nd that in (ngw)	. 19. 83 (our) opinion (death occurre	NUARY ed on the d	ate and h	19 <u>83</u> our and from th	, that X) (we e couses state
226. SIGNATURE	ca S		land,			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA	FF CIAN (X)	22c. DAT	9/83
DAR I	A S.		LANDI	M.D.	22e. ADDRES	O LOCH					21218
230 BURIAL, CREMATIC	N, REMOVAL	236. DATE 2	/83 He	name of C	EMETERY OR O	norial	Garden	STOW B	ltim	oreuco.	, Md.sta

DHMH - 16 50M 4/82

BP.

(VRA 15, 4)

Home PA 1407 Old Eastern

Funeral

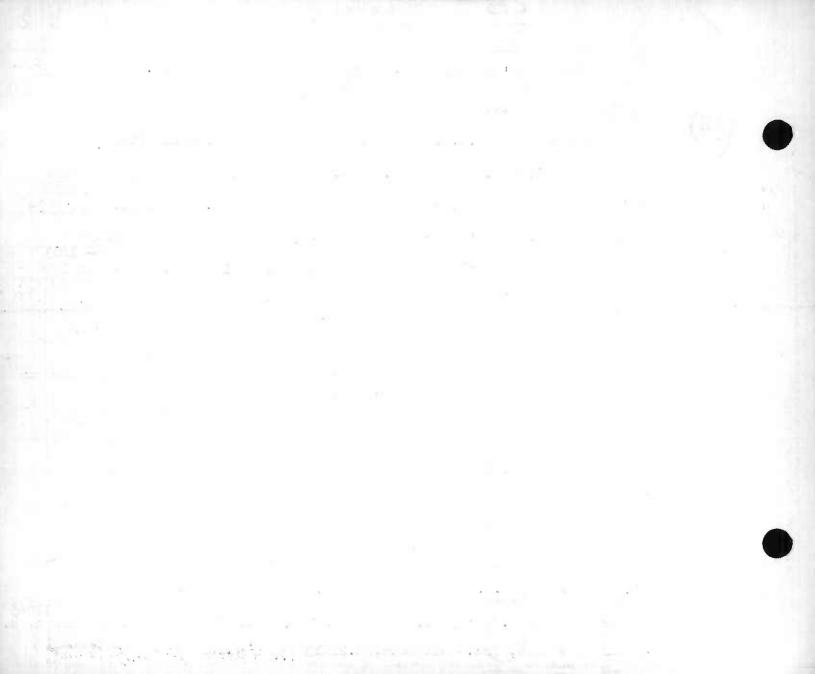
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Henry Sander & Sons, Inc. Balltimore, Md. 21213

DHMH-16 20M

(VRA 15, 4) 7/78

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I	1-	FOR STATE REGISTRAR			DEPARTI		EALTH AND A			SEG. NO.	0 1	0 9	8	3
Ì		CEASED NAME	FIRST		MIDDLE		AST	31.12	2s. DATE OF DE	ATH MONTH	DAY	YEAR	2b. HOUR	4,1
I		OKPRIVI)	MILDR	ED I	BESSIE L	INK	HAMPTO	N		01	30	83	+	7 N
I	3. SEX		1	I. RACE		S. DATE C		YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTH	DER 1 YEAR	IF UNDER 24	HRS MIN.
ı	F	EMALE		WHITE	S	10	06	04_		78 Y	RS.		1.00.00	
1		OUNTRY)	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER M	ARRIED -	9 BALTIMORE	CITY OR COU	NTY OF D	EATH		
1		ARYLAND		U.S.A	۸.	WIDOWE		ORCED [TIMORE	CITY			MD
1	10 CI1	TY OR TOWN OF DE	ATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INST	TUTION	12a. USUAL OCC			b. KIND C IDUSTRY	F BUSINES:	5 OR
4		ALTIMORE			7 S. BENT		STREET		PACKER			STORAGE AND		ND
1	USUA 13a. 5	L RESIDENCE (IF NUI	13b COUNT		GIVE RESIDENCE BEFOR		13d. INSIDE CI	TY LIMITS?	13e. STREET ADDRESS			MOVING		
	M	ARYLAND		-	BALTIMOR	E	YES 🔛	NO 🗆	405 S.	FURRO	STR	EET,	2122:	3
Į	14. FA	THER'S NAME FIRST	M	IDDLE	LAST			MAIDEN NA		DDLE		LAS	ī	
d		HERMAN			LINK			GUSTA			K	UHLM	AN	
1		AS DECEASED EVEL		WAR OR DATES	166. SOCIAL SECU	JRITY NO.	17 INFORMAL	NT.		ADDRESS			21223	3
I		NO			213-20-	2726	ETHEL	MAY EI	NSEY 40	7 S. B.	ENTAL		TREET	
I		18 CAUSE OF DEA	TH (Enter only	one couse per	line for (0), (b), on	nd (c).)	0	, .		,	1	BETWEEN	MATE INTERVA	ATH
ı		1 Full		CAUSE (a)	Tregrer	11111	Cat	heare	and	ind	01/10	27		
١		1341		DUE TO, O	R AS ACONSEQU	ENCE OF	4		1.	4.				
ı		Conditions, if on		(b)	2d/ens170	ce	earein.	mia	9 216	/eim		-		
ı		cause (a), stot	ing the	DUE TO, O	R AS A CONSEOU	ENCE OF			V					
ı				((c)										
ı	z	PART 2. OTHER SIG	SNIFICANT C	ONDITIONS <u>Co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OF	RCONDITION	GIVENIN	PART 10	0 '	
4	CERTIFICATION	19a DATE OF OPER	ATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY	(? 120b. l	F YES. WE	RE FINDIN	NGS USED	-
1	F	THE DATE OF CITY		178 CONO	morrior winer	OFERFIC		,,,,,,,					OF DEATH	?
4	ERT	21g. ACCIDENT WAS UP	NDERLYING [7]	21b. TIME C	OF INJURY		121c HOW IN	JURY OCCURE	RED (ENTER NATURE			OR PART 21	NO U	
		OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH D	AY YEAR	17. 538		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
١	MEDICAL	(IF EITHER NOTIFY MED 21d INJURY OCCUI		21e. PLACE	M. OF IN JURY	19	21f. LOCATIO	N						
١	꾶	WHILE IT NOT V	VHILE [REET, FACTORY, OFFICE,	FARM, ETC)	STREET		CI	TY OR TOWN		OUNTY	STA	16
١		22a. I certify that (al) attended th	e deceased from	81	26	10 X /	to	1/30	10	X 3	that (I) (we) lost
		sow the deceo	sed olive on	1/25	19_	83 %	nd that in (my)	(our) opinion	deoth occurred or	n the dote one	hour ond	from the		
		obove, (I) (we) 22b. SIGNATURE	(did) (did not	view the body	ofter deoth.	N	DEGREE					22c. DATE	SIGNED/	
	180	_	M. A	· Sa	alza, M	SA		TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		1/	31/8	1
)		22d. PHYSICIAN'S N	VAME (TYPE OR	PRINT)		-	22e ADDRES		J PINCETON []	Lindellar			/ 0	
		MIR-AHMA	D SARS	HAR M	D		PINE	HETGHT	S & WILK	ENS AV	ENUES	. 21	229	
-	00.0	TILK-AIMA	D ONK	In DAY	Tan	NAME OF		DELLA TORY	1224 LOCATIO	NA.		,		_

DHMH - 16 50M 4/B2

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O FUNERAL DIRECTOR

IMPORTANT: If hem 2

(VRA 15, 4)

238. BURIAL, CREMATION, REMOVAL (SPECIFY) 02-02-83 BURIAL

MEADOWRIDGE MEM.

RIDGE HOWARD MARYLAND
REGISTRAR 256 RIGISTRAR'S SIGNAPER

24 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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	Tarrena		
AND SUMBLE FOR THE	ren es libro		

must be motified

any injury, ar other traumatic event, the medical exam

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws

(SPECIFY)

Burial

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR			DEPARTM		ICATE OF DE		IENE 8	REG. NO.	0 (]]	8 4	
	OR PRINT)	FRE:	Carrie	Lee L.		Han HAN	d	2a. DATE OF I		1-10)-P3	657	м
3. SE	X		RACE		5. DATE C		YEAR	6. AGE (IN YE	ARS LAST BIRTHDA	MONI	HE DAYS	HOURS MIN	
	Female		White		Jul	y 28,	1894	88		YRS.			
(RTHPLACE (STATE OR F COUNTRY)	OREIGN 7b.	CITIZEN OF V	VHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MA	RRIED -	9. BALTIMOR Balt	imore		DEATH		AD.
	ITY OR TOWN OF DEA		(IF NOT IN SUCH	OSPITAL, NURSING HEACILITY, GIVE STREET AL OUR HOSPI	HOME O		NOITU	12g USUAL O	FOR MOST OF W		26. KIND OF NDUSTRY Dwn H	BUSINESSO	-
130. S	AL RESIDENCE (IF NURS STATE Aryland	13b COUNTY		GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Baltimor	1		0 🗆			Avenue	∋ 21	216	
14. F.A	Eldridge	MIDI	DLE	Ridgely	,	15. MOTHER'S M		ΛE	WIDDLE		Unkno	wn	
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMEI		16b. SOCIAL SECUR 214-22-8		Clifto		Hand	ADDRESS	Same a	as # 1	3	
2	Conditions, if ony, gave rise to imm cause (a), stotin underlying couse	nediate g the last	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF	OSC AGNELATEOR	CIQU UD THE TERM	MACU	ORCONDIT	ION GIVEN I	IN PART 1(0		_
CERTIFICATION	19a. DATE OF OPERAT	TION	196 CONDIT	TION FOR WHICH C	PERATIO	The contract		20a AUTOI	PSY? 2	Ob. IF YES, WE N CERTIFYING YES	ERE FINDING	GS USED	
MEDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	P.A	A. MONTH DAY	Y YEAR	21c HOW INJU		ED (ENTERNATI	JRE OF INJURY IN	LITEM 18, PART 1	OR PART 2)		
WED	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	IIIE 🔘		EET, FACTORY, OFFICE, FA		21f. LOCATION STREET	02		CITY OR TOWN		COUNTY	STATE	
	220.1 certify that (1), saw the decesse above, (1) (we) (c	(this haspital) ed alive an did) (ald nat) v	attended the	deceased from 19		nd that in (my) (a	ur) apinion o	death accurred	an the date	and hour one	d from the co		ost
ñ		rgge	D		O	₽ PH		MEDICAL DIRECTOR			22c. DATE S	IGNED	
	Elmo Ga	-	M.D.			22e ADDRESS 2000		ecourHo ltimore			ltimo	21223 e, Md.	
22 - 0	DIDIAL CREMATION	DEACONAL	TAL PLATE	122. N	AME OF C	EMETERY OF CO	EALATORY	1224 LOCA	ION				_

DHMH-16 30M 2/80 (VRA 15, 4)

BP

3/83

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OCATION CITY OF TOWN Baltimore

COUNTY

Md.

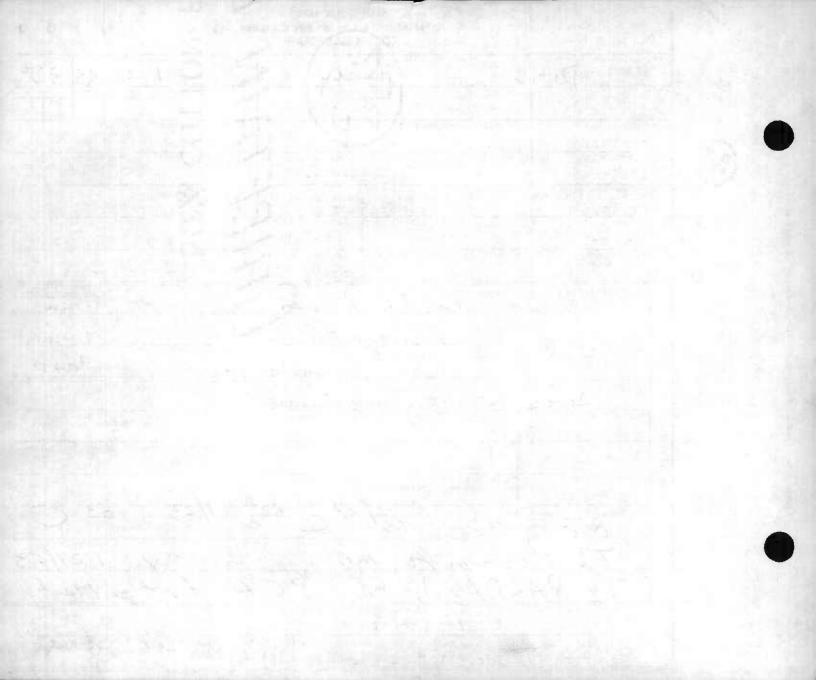
BY REGISTRAR 25 REGISTRAR'S SIGNATURE Witzke Funeral Russell C_tonsville, Md.

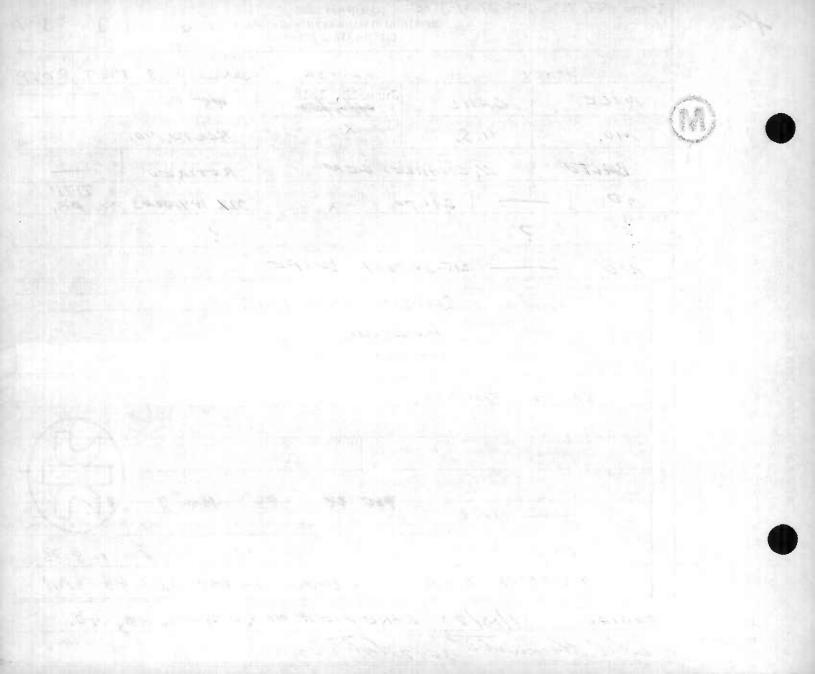
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	DESTE TRANSFER	11. Vene 17.	Lincij P Hug Je siloon Ayapu	a.czar)

10	16	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 9 8 5 CERTIFICATE OF DEATH REG. NO. 17/42
	e # # # # # # # # # # # # # # # # # # #	I. DECEASED NAME FIRST NORTH DAY YEAR 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR TYPE OR PRINTING THE HARDEN
	ge 4 may k	3. SEX ARTHUR HARDEN S. DATE OF BIRTH MONTH AND S. DATE OF BIRTH MONTH S. DATE S. DATE OF BIRTH MONTH S. DATE S. DATE OF BIRTH MONTH S. DATE S. DATE
	death. Pos	MARYLAND 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARR
201	by the fi	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK EDWIND AND A COLLEGE) (TYPE OF WORK EDWIND AND A COLLEGE) (COLLEGE)
LAND 21	ithin 24 hou lely filled in 2 should be injerited by	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE OF THE PROPERTY OF THE PRO
MARY	ed with	JOHN HARDEN ALICE STEELE
TIMORE,	on and ca	166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS TROSTBURG, MD. 18 YES. GIVE WAR OR DATES) 220 - 52 - 7571 MRS. JAMES HARDEN.RTI BOX 29
NDS, 201 W. PRESTON	equires that the death certificate signed by the attending physici. Then please remove carbon paper to buriol, cremotion, or removal. niury, or ather traumatic event, if	18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c) or or cause per line for (a), (b) and (c) or or cause per line for (a), (b) and (c) or or cause per line for (a), (b) and (c) or or cause per line for (a), (b) and (c) or or cause per line for (a), (b) and (c) or or cause per line for (a), (b) and (c) or cause lost. Due to, or as a consequence of couse lost. Due to, or as a consequence of couse lost. Due to, or as a consequence of couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
ON OF VITAL RECORDS	4YSICIAN: The low redding physicion. is certificate hos been build-tronsit permit. Mental Hygiene prior from 18 shows ony in	190 DATE OF OPERATION
DIVISION OF	TENDING PHY pital or attends or attends or attends of the this for use as the bigging of Health and M. 21 is marked or	WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this separat) attended the deceased from 19 , and that is my (our) opinion death accurred on the date and hour and from the couses stated obove. (1) (we) lost view the body after death.
	TO HOSPITAL OR A retained by the hos retained by the hos should be detroched with the State Dept.	226. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 226. ADDRESS, V OR MI) HOSPITAL ERIC MAN HOSPITAL
		236 BURIAL, CREMATION, REMOVAL 23 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE
	BP DHMH - 16 50M 4/82 (VRA 15, 4)	BURIA 10/83 ECKHART CEM ECKHART ALLEGANY MD. MAIN ST. 256. DATE REC'D. BY REGISTRAR'S EIGHTURE SOWERS FUNERAL HOME FROSTBURG JAN 171983

PERSONAL YEAR LINE 77.74 RESENTING ONE. SINTER POPUL POPUL PROPULTED BEING

- 1				STATE OF MARYLAND					
	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENT, CERTIFICATE OF DEAT	w w	00986			
1		CEASED NAME FIRST	WIDDLE	LAST					
	[1176	Dov	5	Hardy		1 23 83 83			
	3. SE		4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTH				
-	Female .		Black	11 24 25	5 3	YRS.			
4	TO BIRTHPLACE (STATE OF FOREIGN		76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIE	9 BALTIMORE CITY OR	CITY OR COUNTY OF DEATH			
Maryland		aryland	U.S.A.	WIDOWED X DIVORCE	ED 🗆 Baltimor	e City, MD.			
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	ON 12a USUAL OCCUPATIO	N 12b. KIND OF BUSINESS OR			
1		altimore	Baltimore (City Hospital	(172 OF WORK FOR MOST OF	THE THE PARTY OF T			
9	13a S	TATE 13b COU	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 136. CITY OR TO Balti	WN 13d. INSIDE CITY LIA		ton Ct 21205			
Maryland		-	Daiti	more YES X NO [ter St. 21205			
4)	Charles	Mills	Marth	MIDDLE	Cheeks			
ł	An V	'AS DECEASED EVER IN U.S. AR			ADDRES				
	(Y	es, no or unknown)	(E WAR OR DATES)		Mills 913 Shu	tter Street			
			oly one couse per line for (a), (b), a DBY: TE CAUSE (a)	hie Arris	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
- 1		3481	DUE TO, OR AS A CONSEQU	JENCE OF					
1		Conditions, if ony, which	(16) Ropi	rator Fally	7/	4 mm			
	34	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF	damago	Idam			
	z	PART 2 OTHER SIGNIFICANT	ITION GIVEN IN PART 1(a						
4	CERTIFICATION	JUVEZ 190 DATE OF OPERATION	e restrictiv	HOPERATION WAS PERFORMED	se				
1	FICA	148 DATE OF OPERATION	198 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
4	ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21. HOW INDUSY	YES NO	YES NO			
4	-	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)			
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19 211 LOCATION					
١	ME	NOT WHILE AL WORK	(AT HOME STREET, FACTORY OFFICE		CITY OR TOW	N COUNTY STATE			
1	14		tall attended the deceased from	12/2/ 19.	82, to 1/23	, 19_8.3., the (1) (we) lost			
	83	sow the deceased alive on above (I) (we) (did) (did no	1/2 19 19 19	55, and that in my lour) a	opinion death accurred on the date	e and hour and from the couses stated			
		22b. SIGNATURE		DEGREE	DING MEDICAL STAFF	22c. DATE SIGNED			
4		IVP	avan h	PHYSIC	CIAN DIRECTOR PHYSICIA	and 1/29/83			
		22d. PHYSICIAN'S NAME TYPE C	PRRAN JV	- mp 220 ADDRESS	CH dip	I of Med.			
	23a B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMA	CITY OF TOWN	COUNTY STATE			
	_	BURIAL	1/27/83 M	lount Calvary		60. Hu.			
- 1		NERAL DIRECTOR	ADDRESS		75 1082 L	SIN REGISTRAR'S DIGNETURE			
	Wm	. C. March F	/H Inc. 1101	E. North Aven	IN TO DOC				





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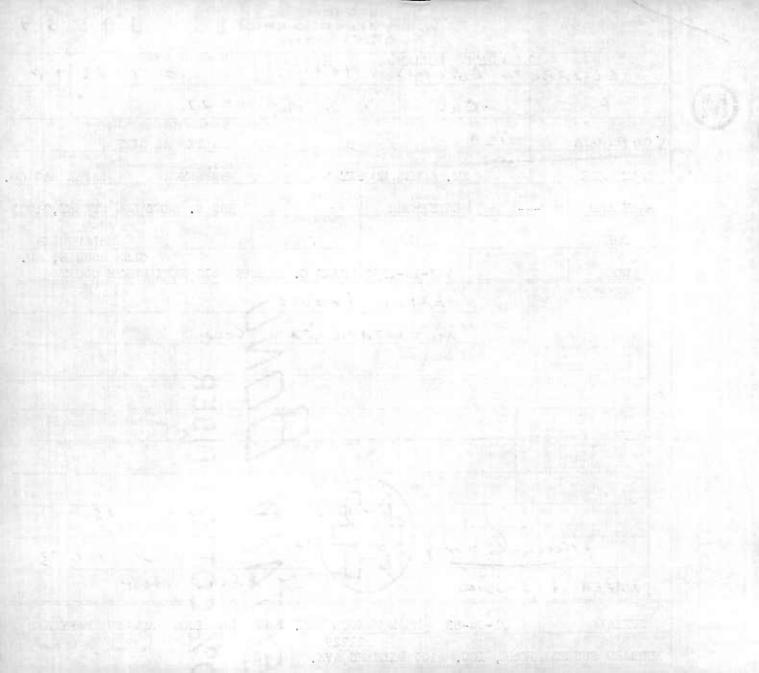
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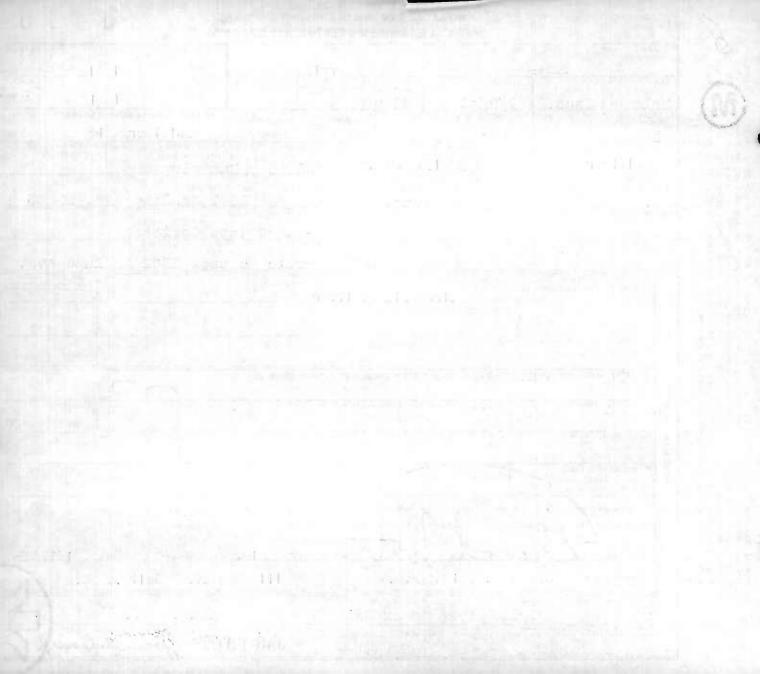
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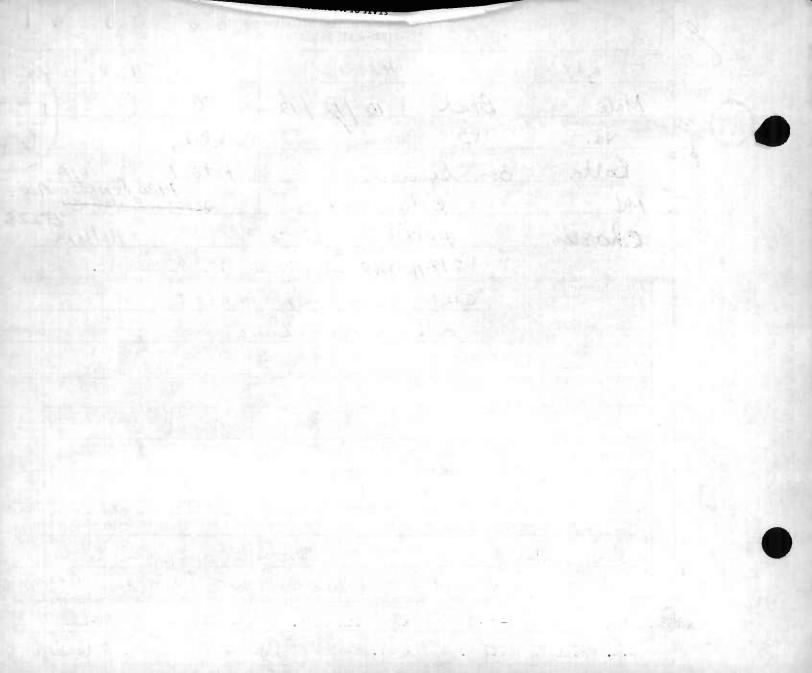
	1-	FOR - STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE & S () U 9 8 9 CERTIFICATE OF DEATH							
		CEASED NAME FIRST] E OR PRINT) E Liza 3	ELIZABETH FOLK		HARRIS	2a DATE OF DEATH		YEAR 83	26 HOUR	
	3. SE	F	4 RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UP	NDER 1 YEAR	HOURS MIN.	
7	2	IRTHPLACE ISTATE OR FOREIGN COUNTRY!	76 CITIZEN OF WHAT CO	MARRIE		9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY				
10	F	ITY OR TOWN OF DEATH BALTIMORE		GIVE STREET ADDRESS) AGNES HOSI		INSPECTO	126. KIND OF BUSINESS OR INDUSTRY PAPER BAG CO			
5	13a S	AL RESIDENCE (IF NURSING HOME STATE 136 COL MARYLAND	UNTY 13c. CITY	OR TOWN TIMORE	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS 558 S. B	ENTALOU	STRE	ET,21223	
00		ATHER'S NAME FIRST JOHN	WIDDIE	ROLLAND	15 MOTHER'S MAIDEN NAM		McLAUGHLIN			
-		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN IF YES, () NO 18 CAUSE OF DEATH (Enter	GIVE WAR OR DATES!	.3-18-1562	FRED C. HAR	ADDRI RIS 478 KE	NILWORT	H COUE	RT MATE INTERVAL INSET AND DEATH	
	NOI	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA								
2	CERTIFICATION	19a DATE OF OPERATION	37-18	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF THE STATE OF TH	DEATH HOUR A.M. MO	NTH DAY YEAR 19	216 LOCATION	ED (ENTER NATURE OF INJU		ORPART 2)		
	W	WHILE NOT WHILE AT WORK 270 I certify that (I) (this has saw the deceosed alive above, (I) (we) (did I did I 27b. SIGNATURE. 272 PHYSICIAN'S NAME ITYPE	ate and hour and	d from the c						
	23a. 8	ACAZEM .4.	S (D) (D) (D) (D) (D) (D) (D) (23¢ NAME OF C	ST, e	123d LOCATION	(40SP-			
	_ '	BURIAL JNERAL DIRECTOR	01-04-83	MEADOWR	IDGE MEM. PARI	CITY OR TOWN	HOWARI		RYLAND	
		JBBARD FUNERAL	HOME, INC. 4		41447	N 31983	John	- STATE	thuly	



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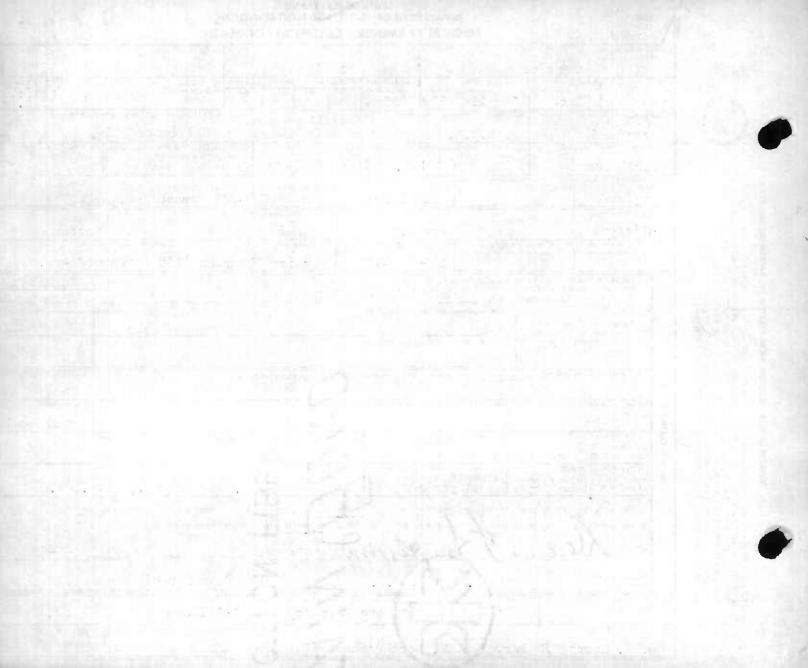


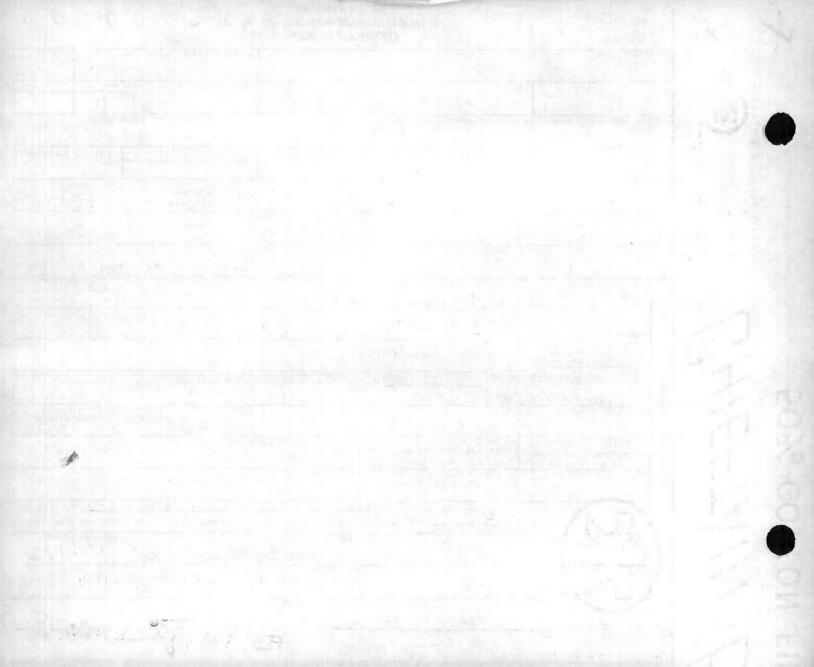
6		FOR - STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	00991
60 e 3		CEASED NAME FIRST RAY	WIDOLE	HARRIS.	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 6.45 M
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3. SE	Male	4. RACE Black	S DATE OF BIRTH MONTH DAY VEAR 10 12 12	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City o	R COUNTY OF DEATH
34	No. C	Balto.	11. NAME OF HOSPITAL, NURSIN INF NOT IN SUCH FACILITY GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCH A (TYPE OF YORK FOR MOST)	
35	USU 11a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW		13e. STREET ADDRESS	1920 PenRase Ave
ond 2 s	14 F/	THER'S NAME	MIDDLE LAST HARA	15. MOTHER'S MAIDEN NAI	WE	Halland
Pages			RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT - 8665 BETHA HARRI	ADDRE	
The spiece of me controlling. The buriol, cremation, or riginary, or other troumatic.	NOI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU	CINOMA LUI	~ € .	DITION GIVEN IN PART I (a)
Jows ony	CERTIFICATION	190 DATE OF OPERATION A	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED A	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
entol Hyg		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D.			RY IN ITEM 18 PART I OR PART 2)
rked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	4 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. I	21f. LOCATION STREET	MA CITY OR TO	WN COUNTY STATE
ept, of Healt	100	cour the deceased alive and	ital) attended the deceased fram			19
should be detoc		22d. PHYSICIAN'S NAME (TYPE OF	ULA DR PRINT) JULKA	22a ADDDECC	MEDICAL STAI DIRECTOR PHYSIC	
○ % ¾ ¾ ——		BURIAL, CREMATION, REMOVAL SSPECIFY) BURIAL	. 23b. DATE 23c. I	NAME OF CEMETERY OR CREMATORY EDAR HILL CEMT.	BALTIMORE	E MARYLAND STATE
AH - 16 50M 1/B1 (VRA 15, 4)		JNERAL DIRECTOR	S 1721 N. MONRO	25a DAT		251 NEGISTRAR'S SIGNATURE



	FOR			DEPARTMENT OF H	EALTH AND A	MENTAL H	YGIENE,	3	0	0 9	1 9	2
AA.	STATE REGISTRAR		MEI	DICAL EXAMIN	ER'S CERTIF	ICATE O	F DEAT	H RI	EG. NO.			
	ECEASED NAM	E FIRST		MIDDLE	LAST		20.	DATE KNOW	WN X MON	NTH DAY	YEAR	2h HOUR
(1	YPE OR PRINT)	Mauri	20		Harriso	n n		OF EST			19 83	
3. S	EX	4. RACE	IS DATE OF BIRTH	6. AGE (IN YEA	RS IF UNDER 1 YR				MON		YEAR	24 HOUR
	nale	Black	5 22	57 LAST BIRTHDA	MONTH PAID	HOURS	MIN. PR	ONOUNCED	1	1	19 83	3:23
100	BIRTHPLACE (S		76. CITIZEN OF WE				9.	BALTIMORE	CITY OR CO	UNTY OF		I a . M
	FOREIGN COUNTRY)				MARRIED N	JEVER MARRIE DIVORCE		Baltim	ore Ci	itv		
10 (Marylar CITY OR TOWN		U.S.	T. PITAL NURSING HOME				LOCCUPATIO		, ,	IND OF BU	SINESS
1				of 121 S. Ca				ST OF WORKING LI		0	R INDUSTR	RY
A	Baltimo			VE RESIDENCE BEFORE ADMISSIO		1661					212	20
/ 13e.	STATE	13b. COU		13c. CITY OR TOWN	13d. INSIDE	CITY LIMITS?		TADDRESS		A		.39
_	Maryland			Baltimore				Perdue	e Ave.	Apt.	UI	
114	FATHER'S NAM		MIDDLE	LAST		HER'S MAIDE	NAME	MIDDLE			EAST	
0	Clintor			Harrison		omi			DDFAG	Car	ter	
	WAS DECEASE (YES, NO, OR UNKNO	D EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	16b. SOCIAL SECURITY					DRESS	2 17		
	NO			215-70-492	22 De	nise T	homps	on 3150) Rave	nwood	Ave.	
	18 CAUSE C	F DEATH (Enter a	nly ane cause per line							BET	APPROXIMATE	AND DEATH
	PARTID	ATH WAS CAUSE	TE CAUSE (o)	Multiple S	tab Wound	ds						
8	764	70		AS A CONSEQUENCE C)F					100		
BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVED TO STATE OF THE S		ns, if any, which se to immediate										
	cause (a) stating the under		AS A CONSEQUENCE C)F		- 111					
	lying ca	use last.	(c)									
	PART 2 OTHER S	IGNIFICANT CONDITION		BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDIT	TION GIVEN IN PAR	RT 1 (a).					
Z												
7 3	19a DATE O	OPERATION	19b. CONDI	TION FOR WHICH OPER	ATION WAS PERFO	DRMED?				20	AUTOPSY?	
1 2											YES X	NO 🗆
CERTIFICATION	21e. EXTERN	AL CAUSE WAS	21b. TIME OF		21c. HOW INJUI	RY OCCURRE	D (ENTER NA	TURE OF INJURY IN	ITEM 18 PART 1 C			4-11
		NG CAUSE OF	DEATH 3 . 1 ORM	MONTH DAY YEAR		t was	etabba	pd				
MEDICAL	21d. INJURY	OCCURRED	21e PLACE	OF INJURY (ATHOME,	subjec 211. LOCATION	was.	214000					
1	WHILE	NOT WHILE	STREET, FAC	street	front	of 121	5. 0	al houn	St. B	al to.	.Md.	STATE
10					ज							
		900	ge af the remains des	cribed above, held an	Autopsy X,	Inspection		Inquiry .		ny apinian		
	death resul	red lyting Non	iral causes	Accident, Sui	<u> </u>	micide XX	Undeter	mined manner	L.			
	ACTUAL	1000	11/1/	V 01 V		(SPECIFY)			D	ATF	1 1 0	7
4	SIGNATURE	well	WAN	my s/	MADASS	istant	MEDIC	AL EXAMINER	SI	ATE GNED	1-1-8	
1	EXAMINER'S	NAME	Danni- E	Smith MD			II Pos	nn Stre	oot .			
	(TYPE OR PR	NT)		Smyth, M.D.	THEOL				501			
230	BURIAL, CREMA	TION, REMOVAL	1/6/83	23c. NAME OF CEA	netery or crema re Cemete	TORY	23d. LOC	timore		COUNTY	Md.	ATE
			1/0/03	partrino	re cemete					2101		
	FUNERAL DIRE		ADDRESS			1000		EGISTRAR 25	REGISTRAI	KSSIGNA	IURE	1
1	Jm C 1	Jarch F/L	I Inc 110	1 F North	Avenue	141	NAT	983	- an	Cho 60	- None	

20M 4/82





	1 -	FOR STATE REGISTRAR	D	EPARTMENT OF HI	CATE OF DEA		B 3 REG. NO	0	0 9	9 4
be coth		CEASED NAME FIRST ORPRINT) Thurwar	Lee	He		Jr.	DATE OF DEATH	MONTH DAY		h. HOUR
ge 4 may be ertar, page 3 ertar death	3. SE		1. RACE Caucusia	5. DATE O	F BIRTH DAY		GE (IN YEARS LAST BIRT	MON		IF UNDER 24 HRS
r death. Page fune al direct inn 72 bours	(RTHPLACE (STATE OR FOREIGN OUNTRY) oth Carolina	76 CITIZEN OF WHAT CO	<u> </u>	NEVER MARI	RIED 9. B.	ALTIMORE CITYO Baltimo			
by the formal filled within a maintained a		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME O	2-4	10N 12a	USUAL OCCUPATION	ON I	4	BUSINESS OR
24 hours filled in b ordid be fill	13a S	TATE STREAM ST. I	NOTHER INSTITUTION, GIVE RESIDENTY 130. CITY		13d INSIDE CITY L	IMITS? 136	STREET ADDRESS	Woodla		0619 cres
uted within completely (THER'S NAME		LAST	15. MOTHER'S MA		WIDDLE	Dupr	LAST	
e execute	160 V	AS DECEASED EVER IN U.S. AF		AL SECURITY NO.	T.L. H		ADDRE		10	÷
physicion popers. moval.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for to	do pole		week	9			TE INTERVAL
tending re corbon on, or rei		Conditions, if ony, which	DUE TO, OR AS A CO		Ō					
w. PRESI		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	NSEQUENCE OF						
quires the signed Then plea	NO	PART 2 OTHER SIGNIFICANT	11	ING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	DISEASE OR CONI	DITION GIVEN I	N PART 110	
hos been prior in permit. The permit is a prior in the prior in the permit in the perm	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR		WAS PERFORME		ES NO	206. IF YES, WI IN CERTIFYING YES		
IYSICIAN: The li ding physicion. is certificate hos buriol-transit pe. Mental Hygiene or frem 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY		ENTER NATURE OF INJUR		OR PART 2)	
UNISION OF OTHER THIS CE After this ce of the buring	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY	1	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
TENE TOR: or us of He		22a. I certify that (I) (this hasp saw the deceased alive ar	1/23	19		9 83) opinion death	to	3 , 19 ofe and hour an		ot (I) (we) lost
the hosp the hosp at DIRECT etoched for the Dept.		22b. SIGNATURE	ot) view the body after deat		DEGREE ATTE	NDING M	EDICAL STAF	F IAN \square	220. DATES	SIS 3
TO HOSPITAL of retoined by the TO FUNERAL E should be detoined by the Store E IMPORTANT: If		Brum	ckerna	3850	220 ADDRESS	more	CL H	ospitul	0	
BP Des A	23o E	URIAL, CREMATION, REMOVAL SPECIFY) Burial	Jan. 27, 19		METERY OR CREA		Bed ford	ec c	OUNTY	Va.
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FU	NERAL DIRECTOR Clarke Mat				250. DAK NO	26 1983	25b. ASISTRAR	's signatul	

Selection of the select

STATE OF MARILAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

X	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND		GIENE &	REG. NO	0.	()	U i	1 7	J.sq Bad
		CEASED NAME	FIRST	M	IDDLE	Į.	AST		2a. DATE O	DEATH	MONTH	DAY	YEAR	26 HOUR	
		OKPRINI)	VIVIAN			+	HARRISO	N			01-0	13-	83	4:1	ลิตติ
	3. SEX	X	4, RAC	E		5. DATE C	F BIRTH		6 AGE (IN)	EARS LAST BIR	THDAY)		ER 1 YEAR	IF UNDER 2	4 HRS
		male		Blac	ck	MONTH 3	25	1896		8	36 YRS.	MONTHS	DAYS	HOURS	MIN
		RTHPLACE (STATE OR FO	OREIGN 76. CIT		VHAT COUNT	RY? 8	D NEVER		9. BALTIMO			Y OF D	EATH		
7		. Carolina	THE RE	II 9	S.A.	WIDOWE		VORCED	Re1t	imore	Cit	37			ME
		TY OR TOWN OF DEA		AME OF H	OSPITAL, NUI	RSING HOME			12a. USUAL	OCCUPATION	ON	121		F BUSINES	
7	В	altimore			Home F	lospital			(TYPE OF WOR	K FOR MOST O	F WORKING	LIFE) IN	DUSTRY		
	USUA	AL RESIDENCE (IF NURSI	NG HOME OR OTHER I	NSTITUTION C	GIVE RESIDENCE BE	FORE ADMISSION)			La crossa	LDDDESS					
5		aryland	13b COUNTY		Balti		13d. INSIDE C	NO	13e. STREET	McCu1	loug	h St	. 2	1217	
		THER'S NAME	NAME OF TAXABLE PARTY.			MOLE		S MAIDEN NA							
X	N.	/A	WIDDLE		LAST		N/A	FIRST		MIDDLE			LAS	T	
	16a W	VAS DECEASED EVER I			166. SOCIAL S	ECURITY NO.	17 INFORMA	ANT		ADDRE	SS				
		es, no or unknown)	(IF YES, GIVE WAR O	R DATES)	215-0	5-2612	Mild	red Gal	les 170	1 Eut	aw P	lace	2		
		Canditians, if any, gave rise to imm cause (a), stating underlying cause	which dediate go the last.	(b) UE TO, OR	AS A CONSE	QUENCE OF									
	LION	PART 2 OTHER SIGN													13
2	CERTIFICATION	190 DATE OF OPERAT	19	b CONDIT	TION FOR WH	ICH OPERATIO	N WAS PERFO	DRMED	YES	NO V	IN CERT			OF DEATH	1?
1	MEDICAL CER	?1a. ACCIDENT WAS UNDI OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	P.A	A. MONTH A.	DAY YEAR		IJURY OCCURI	RED (ENTERNA	TURE OF INJUR	RY IN ITEM 38	PART I O	R PART 2)		
7	MED	21d. INJURY OCCURR WHILE DOT WHI AT WORK AT WORK	LE 🗆 (A	e. PLACE C	OF INJURY SET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET			CITY OR TO	WN	C	YINUC	STA	TE
		22a.1 certify that (1)	this haspited att	tended the	deceased fro	ım 12-14-		82	, ta			, 19,	33	that (I (W	
		saw the decase abave, (I/(we) di	d alive an	the bady o	after death.	9 <u>83</u> , ar	nd that in (my)	Our opinian	death accurre	d an the do	ate and h	our and	fram the	causes stat	ed
		27b. SIGNATURE	Noy.		n' m			ATTENDING PHYSICIAN [IAN	-	2c DATE	SIGNED /	3
		22d. PHYSICIAN'S NA						S CHURCH							
		DR. A.F	. NAZĒMI	M.D	•		100 N.	BROAD	MAY BAL	TIMOF	RE,MA	RYL	AND 2	21231	
		BURIAL, CREMATION, F		DATE		3t. NAME OF C			23d. LOCA			COU	NTY	, SI	ME
	,	BURIAL		1/6/8:	3	Md. Vet	teran c	em	Cro	or town wnsvi	ılle			Má	1.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

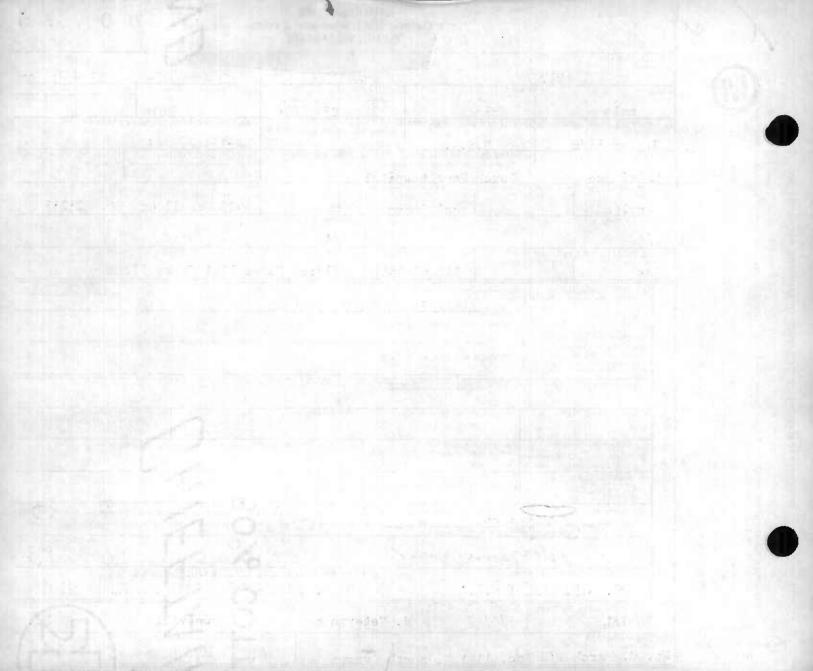
Md. Veteran cem

Crownsville

Mã⁴.

Wm. C. March F/H Inc. 1101 E. north Avenue

250. DATE REC'D. BY REGISTRAR 258. REGISTRAR'S SIGNATURE



- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

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1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO).	0 /	, ,
	CEASED NAME	FIRST		MIDDLE	1	AST		MONTH DAY	YEAR	2b HOUR
	OR PRINT)	FRANCI		J.		RTLOVE	JANUARY 12			10:45
3. SE	X		4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT	MONT	HS DAYS	IF UNDER 24 HRS
	Male		Whit	e	Nov.	22, 1937	45	YRS.		
	RTHPLACE (STATE COUNTRY)		U.S.	WHAT COUNTRY?	8. MARRIE		Baltimore City o			M
	TY OR TOWN OF				WIDOWE G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION		<i>U</i> •	OF BUSINESS OR
	Baltimo:			H FACILITY, GIVE STREET	ADDRESS)	Corporatio	n Bartend		Rest	aurant
13a. S	AL RESIDENCE (# STATE aryland	13b COUN 212		Baltim	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 329 S. I	Durham	St.	21231
14. F/	ATHER'S NAME					15. MOTHER'S MAIDEN NA			The same	
	Franci	S	MIDDLE	artlove		Leova	WIDDIE		Fowl	er
16a. \	WAS DECEASED E	VER IN U.S. AR		16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE			
İ	YES NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	216-36-	3488	Louise S.	Castle329	S.Durh	amSt	.21231
	18 CAUSE OF DI PART I. DEAT / 6 2 Conditions, if gove rise to	MWAS CAUSE IMMEDIA ony, which	D BY: TE CAUSE (o)	OAT CELL R AS A CONSEQUE	CARC	CINOMA OF THE	1 UNG		BETWEEN	IMATE INTERVAL ONSET AND DEATH
	underlying co		DUE TO, O	R AS A CONSEQUE	NCE OF					
N O	PART 2 OTHER S	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	IN PART 1	0
CERTIFICATION	19a DATE OF OPI	ERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WIN CERTIFYING		
	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DE	10	PEINJURY M. MONTH DA M.	AY YEAR	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART I	OR PART 2)	
MEDICAL	AT WORK	T WHILE		REET, FACTORY, OFFICE, F		21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	sow the decabove, (f) (v)	gared offus-or	ottended the	Y 12 19 after death	83.0	nd that in (my) (our) opinion	to <u>JANUARY</u> death occurred on the de	12, 19_ ote and hour an		
	22h SIGNATUR	#	NOU.	S	N	ATTENDING PHYSICIAN [MEDICAL STAI		1 -	13-83

BP.

IMPORTANT: If Item 21 is

DHMH - 16 50M 4/82 (VRA 15, 4)

CHURCH HOSPITAL

230. BURIAL, CREMATION, REMOVAL
(SPECIFY)
Cremation
24 FUNERAL DIRECTOR
William E. Joh Loch Johnson8521

23b. DATE

A STREET, STATE OF STREET profesions between the past

	1	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEAL	FMARYLAND TH AND MENTA ATE OF DEATH		0	0 9 9 8
er deoth	(14)	CEASED NAME HERT	× C	Harim	ixx	20. DATE OF DEATH	8333	11051
M	3. SI	Male	4. RACE Caucasian	5. DATE OF BI	30 ig	6. AGE (IN YEARS LAST E		UNDER 1 YEAR IF UNDER 24 HRS
MAIN	70.5	Balto., Md.	76. CITIZEN OF WHAT COUNTR	MARRIED WIDOWED	NEVER MARRIEI	9. BALTIMORE CITY Baltim	or county o	
by the fulled with		Baltimore		SING HOME OR O EET ADDRESS) Ly Hospi		N 170 USUAL OCCUPA (TYPE OF WORK FOR MOST	TION OF WORKING LIFE)	126. KIND OF BUSINESS O INDUSTRY Fed. Yeast (
filled in rould be	130	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU aryland		DWN 13d	INSIDE CITY LIM	1 4000 11	et Stree	et 21224
mpletely and 2 st	14. F	ATHER'S NAME FIRST	MIDDLE Hart		MOTHER'S MAIDE	MIDDLE		LAST
Poges 1		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SE 179-0		Mary E.	Hartman 4803 i		treet 21224
by the attendi se remove car cremation, or other troumati		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF,				
has been signed to permit. Then plea ene prior to buriol, over only injury, or o	IFICATION		CONDITIONS CONTRIBUTING TO	ter ler	name	TERMINAL DISEASE OR CO	206. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
cote hos been sign consit permit. Then Hygiene prior to bu	AL CERTIFICATION	PART 2 OTHER SIGNIFICANT Chown 196 DATE OF OPERATION 716. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH	O DEATH BUT NOT LESS CHOPERATION W	T RELATED TO THE	200 AUTOPSY?	70b. IF YES, V IN CERTIFY!! YES	WERE FINDINGS USED NG CAUSES OF DEATH?
te has been sign ssit permit. Then giene prior to bu shows any injury	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CHOWN 198 DATE OF OPERATION 218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH	O DEATH BUT NOT THE LEW CH OPERATION W	T RELATED TO THE	200 AUTOPSY?	706. IF YES, V IN CERTIFY! YES URY IN ITEM 18 PART	WERE FINDINGS USED NG CAUSES OF DEATH?
ysicion. cate has been sign cansit permit. Then Hygiene prior to bu		PART 2 OTHER SIGNIFICANT Chown 198 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 270. I certify that (I) (this hosp saw the deceased diversor obove (II) we) (did) (did no 27b. SIGNATURE 27d PHYSICIAN'S NAME TYPE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (b) view the body after death.	DAY YEAR 19 21. E.FARM. ETC.) DEG	T RELATED TO THE MISSING AS PERFORMED C. HOW INJURY OF D. LOCATION STREET ATTENDI	YES NOW YES NOW YES NOW CCURRED (ENTER NATURE OF IN) CITY OR 1 pinion death accurred on the long MEDICAL AN DIRECTOR PHYS	20b. IF YES, VIN CERTIFY! YES UURY IN ITEM 18 PART	WERE FINDINGS USED NG CAUSES OF DEATH? NO 1 1 OR PART 2) COUNTY STATE

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FOR

STATE

REGISTRAR

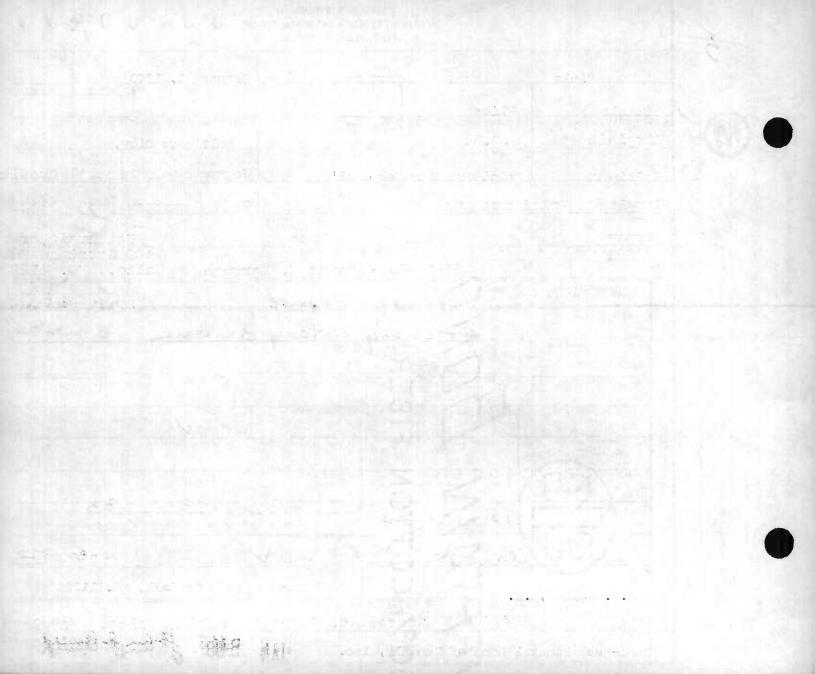
24 FUNERAL DIRECTOR

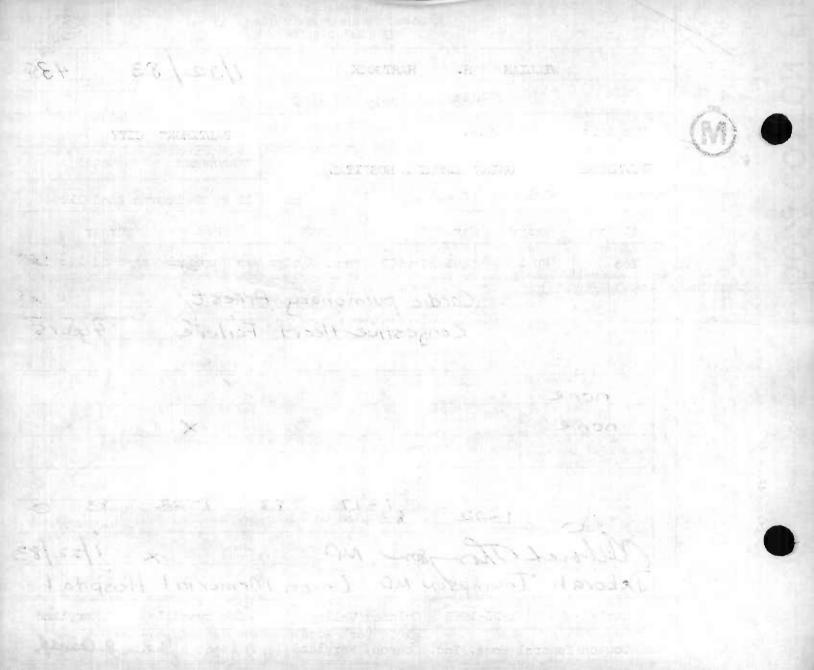
Duda-Ruck Funeral Home of Dundalk, Inc.

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH





35	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALT	MARYLAMD TH AND MENTAL HYO TE OF DEATH	GIENE 8 3	0 1 0 0 1
		CEASED NAME FIRST LONZ I	E LEE	HARV	IN	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
M	3. SE	x Male	4. RACE Black	5. DATE OF BIF	DAY YEAR 5 06	6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS.	IF UNDER LYEAR IF UNDER 24 HRS.
deoth. Pa	So	RTHPLACE (STATE OR FOREIGN COUNTRY) DUTH Car.	76. CITIZEN OF WHAT COUNTRY USA	(? 8. MARRIED ☐ WIDOWEDX	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNT BAITIMORE	TY OF DEATH MD.
by the fulfilled with	E	ity or town of death Balto.	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 2028 W. Rodger:	S AVe.	THER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Glass Co.	12b. KIND OF BUSINESS OR INDUSTRY
AND 2120 n 24 hours filled in by orald be file	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE Md. 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY Balto.	ORE ADMISSION) WN 13d. YE	INSIDE CITY LIMITS?	13e STREET ADDRESS 2028 W. Rodgers	Ave. 21207
MARYLA maketely is and 2 sho		ather's Name	MIDDLE Harvi n		MOTHER'S MAIDEN NA FIRST OXanne	ME	LAST
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours systicion and completely filled in by opers. Page (1 and 2 should be fill oval. int, the medical examiner missibe m	16a V	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SEC	CURITY NO. 17	INFORMANT	ADDRESS 208 Windsor Blyd	
iDS, 201 W. PRESTON ST., quires that the death certific signed by the othending phen please remove carbonp to buriel, cremotion, or remojury, or other traumatic even	NO	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost.	DUE TO, OR AS A CONSEO (c) CAUSE (o) DUE TO, OR AS A CONSEO (c)	UENCE OF JUENCE OF	head d	liven,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IVEN IN PART 110
ITAL RECOR	CERTIFICATION	19a. Date of Operation	196 CONDITION FOR WHIC			YES NO IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
C PHYSICIAN: The offending physicion of this certificate is the buriol-transit cond Mental Hygie weed or them 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19		RED (ENTER NATURE OF INJURY IN ITEM 18	B PART I OR PART 2}
DIVISIO ING PHY or offer this as the b. Ith and M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN ospitol or ospitol or of ECTOR: Aff defor use or or of Health m 21 is mon		sow the deceased alive on	tol) ottended the deceased from 1) yiew the body ofter death.	8 ond the		deoth occurred on the date and ha	
IITAL OR AT by the hosp ERAL DIRECT e detoched for Stote Dept. o		22d PHYSICIAN'S NAME (TYPE O	Thesh	DEGR	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/11 3 5
TO HOSPITAL OR ATTEN retained by the hospital TO FUNERAL DIRECTOR should be detached for u with the State Dept. of HI IMPORTANT: if hem 21 is		B.(-	THADA		ADDRESS		
BP		Burial Burial		RBUTUS MI		BALTO., MD.	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		STATE DIVECTOR	SON F.H. 4600 PESS	LIBERTY H		AN 11 1980	Land Land

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	Burn			

DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2g. DATE OF DEATH 2b HOUR (TYPE OR PRINT) IF UNDER I YEAR 6. AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY OF DEATH ILL LIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Hunt Valley 3806 Sequoria Avenue Lillian Hawkins-3802 Sequorla Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) COUNTY STATE ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN Burial Crownsville, MD STATE /25/83 CEMETERY -CROWNSVILLE 24 FUNERAL DIRECTOR DYETT & SON 4600 Liberty Hahts. Ave.

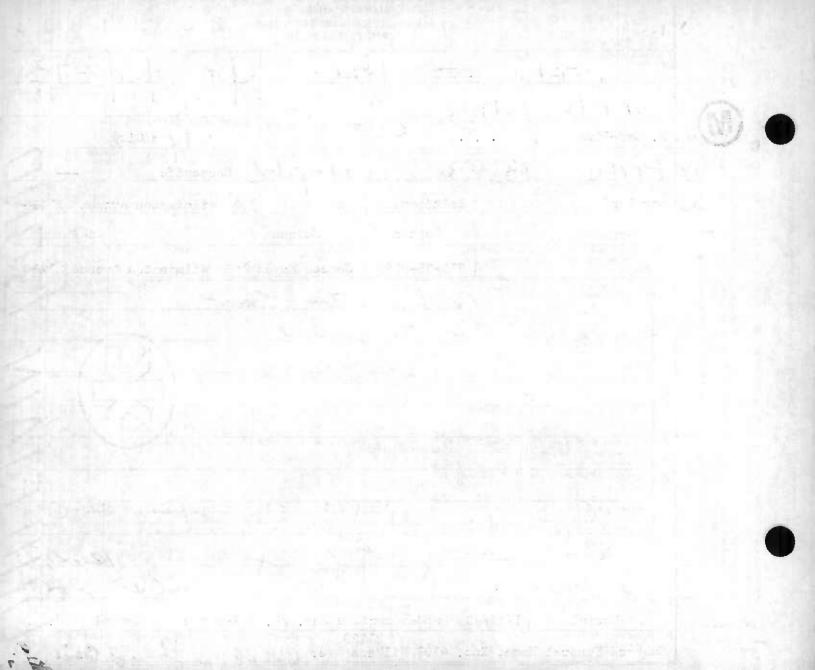
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

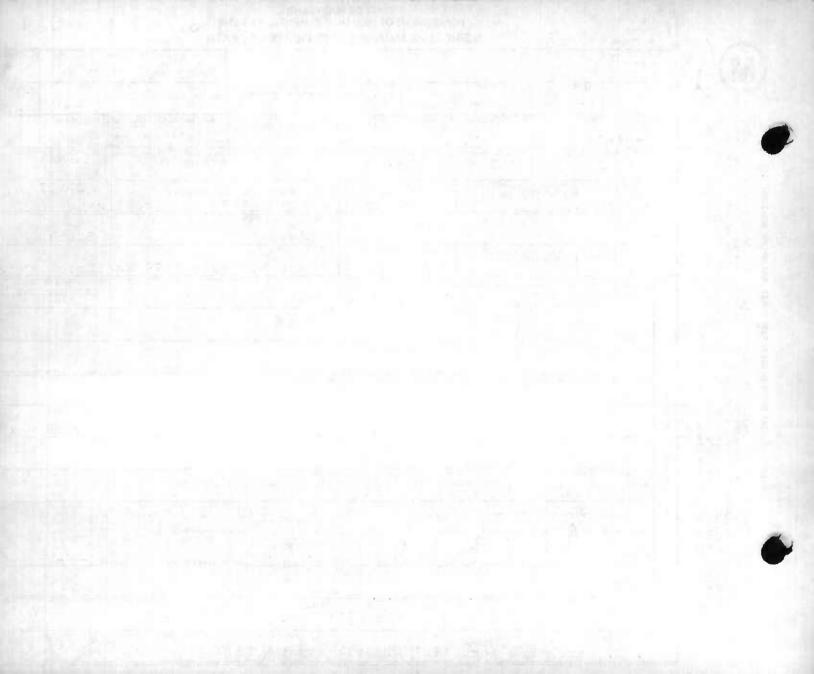
5	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE 8 3	0	1 0	0 3
	1. DEC	CEASED NAME FIRST	N.	AIDDLE	ı	AST	DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
H	(I YPE	OR PRINT) BOBI	BE	KOHUT	H	AYES	(bn	112	1192	71200
d	3. SEA	the same	4. RACE		5. DATE C		6. AGI TIM YEARS LAST BI	RTHDAY) IF		IF UNDER 11 HRS
		Female	Whi		6/	15 32	50	YRS.	NIES DAYS	HOURS MIN.
7	7a BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	AAA DDIE	XI NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY O	FDEATH	
J	N.	Carolina	U.S.	Α.	WIDOWE		Baltin	ore Cit	У	MD.
4	В	altimore	NOT IN SUC	FACHETY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION HOSOHO	12a USUAL OCCUPAT TYPE OF WORK FOR MOST Housewi	WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
2	Ma	AL RESIDENCE (IF NURSING HOLE COL TATE 13 COL Tryland	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 130. CITY OR TOW Baltimo	ADMISSION) N re	YESX NO	13e. STREET ADDRESS 1039 Wilmi	ngton A	venue	21230
	14 FA	Sanmue1	MIDDLE	Lupte	on	is. mother's maiden na Modonna	ME		Robi	inson
	16a W	AS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
		(IF YES, G	SIVE WAR OR DATES!	213-28-	0363	Joseph Haye	s 1039 Wilm	ington	Avenue	21230
		Conditions, if ony, which gave rise to immediate couse (o), stofting the underlying cause last.	DUE TO, OR	R AS A CONSEQUE	INCE OF	jailers les lisen.	miss-		BETWEEN O	AATE INTERVAL INSET AND DEATH
	HON	PART 2 OTHER SIGNIFICANT							410	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDIN NG CAUSES (
1	17.5	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.A	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ.	RY IN ITEM 18, PART	1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC }	21f LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		22a.1 certify that (t) (this has sow the deceased alive of above, (1) (we) (dig) (did r	5/1 00	19 0		nd that in (my) (our) opinian	deoth occurred an the d	ote and hour o	nd from the c	
		22h SIGNATURE	un	ul	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🗌	DATE S	21, 83
		22d. BHYSICIAN'S NAME (TYPE	OR PRINT)	1	Share.	22e. ADDRESS	St- Ca	ul W	> , ¿	2/202
		SPECIFY)				EMETERY OR CREMATORY	23d. LOCATION		OUNTY_	STATE
	,	Burial	1/25/8	3 Me	adowr	idge Mem. Pk.	Elkridge	Hov	vard	Md.

24 FUNERAL DIRECTOR 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH-16 30M 2/80 (VRA 15, 4)



20M 4/82



	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 3	0	1 () 0	5
	1. DE	OR PRINTS	FIRST	,	MIDDLE	HA	YNES	20 DATE OF DEATH	MONTH DAY	983	26 HOU	
	3. SE	Female		RACE Whit	e	S DATE O	19 1907	6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER	24 HRS MIN.
100	2	RTHPLACE (STATE OR FOR COUNTRY) Virginia TY OR TOWN OF DEAT		U.S.	A .	MARRIE WIDOW URSING HOME	DI NEVER MARRIED DIVORCED DO OTHER INSTITUTION	Baltimore i	TION	12b. KIND O	F BUSINE	MD.
	Bi	ALTO CITY AL RESIDENCE (IF NURSIN	S HOME OF C	MFL	GIVE RESIDENCE	STREET ADDRESS) BEFORE ADMISSION)	ne, B.C.H.	Housewife		Dome	estic	7
5	17.7	THE SNAME	Balt	imore	Dunda		13d INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NA		2016 War	eham	Avenu	le
Ć)	Elliott		DDIE	Arnol		Mary	Ellen			dergr	
ζ		(AS DECEASED EVER IT		WAR OR DATES)		SECURITY NO. 22-8843	Carl Haynes		PESS 2016 Dundalk			renue
	NO	Conditions, if ony, gove rise to imm couse (0), stating underlying couse	the lost.	(b)	R AS A CONS	SEQUENCE OF	NOT RELATED TO THE TERM	/				
7	CERTIFICATION	19a. DATE OF OPERATI	ON	19b. CONDI	TION FOR W	HICH OPERATIO	Nulliple IN WAS PERFORMED	'200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [VERE FINDIN		H?
	MEDICAL CER	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (HE EITHER NOTHY MEDICA 21a INJURY OF CURRE AT WORK NOTHY HALL AT WORK AT WORK 22a. I certify that (I) (4 sow the decease obve, (I) (ve di-	USE OF DEATH	P./ 21e PLACE ((AT HOME STR	M. MONTH M. DE INJURY EET, FACTORY, OF	19 FFICE, FARM, ETC.) rom 2.0 19 3.0	21t. HOW INJURY OCCUR 21t. LOCATION STREET 2 Cite \$ 2	city OR TO	DWN 19.	COUNTY	that (I) (w	
		Edmus 22d PHYSICIAN'S NAME E.G. BI	AE (TYPE OR EAC	Beach HAM	M.T	1 NO	ATTENDING PHYSICIAN (MEDICAL STA DIRECTOR PHYSICA NORE CIT	FF LIAN -	27 A	118.	3
	23a B	urial, cremation, r specify) Burial	EMOVAL	236. DATE 1-31	-83	23¢ NAME OF C	Cemetery OR CREMATORY	Penningt	on Gap,	Lee, V	irgi	nia

Reisterstown, Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

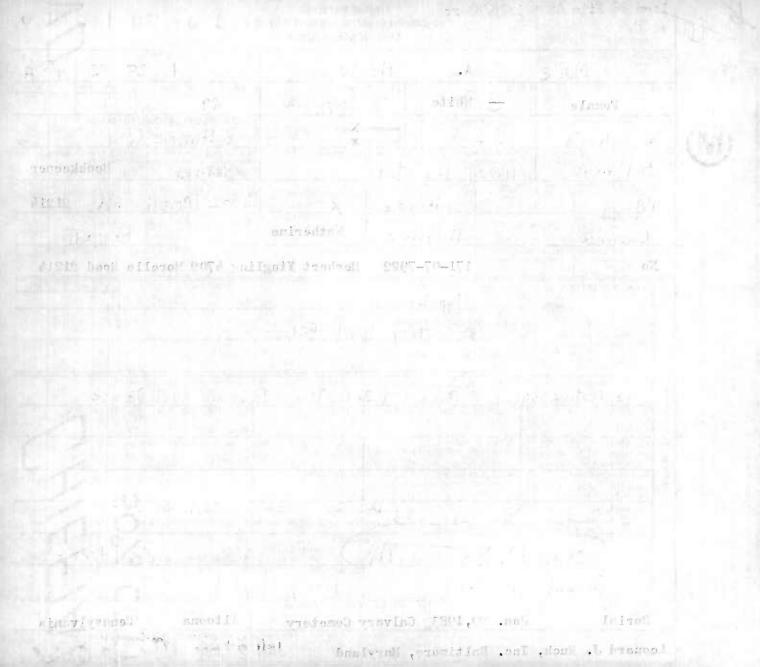
MPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR

Marzullo Funeral Service

of the constitution but Tringleton, Miscribi adiction to the contract of th which a market comment of the commen

16	Item #8 Fil	m G575 1/28/		STATE OF MA		0 2	0.1	006		
	T - STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.							
noy be poge 3 r deoth	1. DECEASED NAME FIRST		A. Healy			20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 450 A				
or, of	3. SEX Femal	4 RACE	White	5. DATE OF BIRTH	ĝ 48	6. AGE IN YEARS LAST BIRTHD	MONTHS DAY			
deoth. Poge	BIRTHPLACE (STATE OR POUNTRY)	. 11	S. A.	8. NEVER MARRIED WIDOWED DIVORCED		Baltimore city or o	COUNTY OF DEATH	MD		
s offer d	Baltimon	ATH 11. NAME C	11. NAME OF HOSPITAL, NURSING (IGNOT IN SUCH FACILITY, GIVE STREET ADD NEVCY HOS PIT		INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	126. KIND	No kind of Business or Industry Bookkeeper		
filled in could be in	SUAL RESIDENCE (HE NUR	SING HOME OR OTHER INSTITUTE 13b. COUNTY	13c CITY OR TOV	E ADMISSION)		130. STREET ADDRESS 4702 Move	ello Rd	21214		
ompletely ond 2 sh	14. FATHER'S NAME FIRST	MIDDLE	De Bark	15 MÓT	her's maiden nam atherine		Repr	étto		
or execut	160. WAS DECEASED EVER	IN U.S. ARMED FORCES		Charles and the second		ADDRESS Ling 4702 Mo				
he low requires that the death certificate ion. He been signed by the attending physici it permit. Then please remove carbon poper iene prior to buriol, cremotion, or removal. Nows any injury, or other traumatic event, the	PART I. DEATH V Conditions, if ony gove rise to im cause (o), stoti underlying cous	mediate ng the	OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	ence of heart	Failure		BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH		
	PART 2 OTHER SIGNATION OF THE PART 2 OTHER 2	tory failure	Myocar	DEATH BUT NOT REL LINGUIST TO THE HOPERATION WAS P	retion, I	NAL DISEASE OR CONDITION OF THE CONTRACT THE		DINGS USED		
TIENDING PHYSICIAN. The pitol or ottending physicion. TOR: After this certificate he for use os the buriol-tronsit of Health and Mental Hygie. 21 is marked or item 18 sho.	OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE NOT W	CAUSE OF DEATH ICAL EXAMINER) RED 216. PLAC (AT HOME.	OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE.	19 211. LOC		ED (ENTER NATURE OF INJURY III CITY OR TOWN		STATE		
OR ATTENDIN the hospital or of DIRECTOR: Aft toched for use or to Dept. of Health If Hem 21 is mor	220.1 certify that (1 sow the decea	220.1 certify that (1) (this hospital) attended the deceased from NEC 20, 19.82, to Jan 26, 19.83, that (1) (we) lost sow the deceased alive on Jan 26, 19.83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did) (did not) view the body after death.								
TO HOSPITAL OR A' retoined by the hosp to Fundral DIREC should be detoched i with the Store Dept.	220 PHYSICIAN'S N	AME (THE BRAVINT)	Lai	22e AD	PHYSICIAN DRESS	MEDICAL STAFF DIRECTOR PHYSICIA	nd 1/3	26/83		
D 5 0 4 3 3 4	236. BURIAL, CREMATION (SPECIFY) Burial			NAME OF CEMETERY		23d. LOCATION Altoona	Pennsy	lvania		
DHMH - 16 50M 4/82 (VRA 15, 4)	Leonard J.	Ruck, Inc.	Baltimore	Maryland	JAN	REC'D. BY REGISTRAR 25E	PEGISTRAR'S SIGN	ATURE		



njury, or other troumptic

IMPORTANT: If them 21 is marked or them 18 shaws

STATE OF MARYLAND

L	- STATE REGISTRAR				CERTIF	ICATE OF D	EATH	REC	G, NO.	STATE OF	
	CEASED NAME	FIRST		OSEPH		AST HEATH		20. DATE OF DEAT	H MONTH	DAY YEAR	26. HOUR
3. SE			RACE	ODELII	5. DATE C			6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	
	MALE WHITE			03 05 10				72 YRS.	MONTHS DAYS	HOURS MIN.	
BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?			8	D INEVERA	AARRIER []	9 BALTIMORE CITY OR COUNTY OF DEATH					
MARYLAND U.S.A.				WIDOWE		VORCED	BALTIMORE CITY ME				
100	EITY OR TOWN OF DI	EATH]		OSPITAL, NURSIN HEACHLITY, GIVE STREET		OR OTHER INST	Penter	120 USUAL OCCU (TYPE OF WORK FOR M NURSE		FE) INDUSTRY	OF BUSINESS OR Y RSING
13a.	IAL RESIDENCE (IF NU STATE MARYLAND	13/ COUNT	TMORE	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI ARBUTUS		13d INSIDE C		13e. STREET ADDRE		E APT.	C 21229
14. F	ATHER'S NAME FIRST HARLEY	M	IDDLE	HEATH			MAIDEN NA	ME	NE		AST KNOW N
	WAS DECEASED EVE (YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	219-07-		17 INFORMA VIRGIN			ALAN DR		229 Г. С
	PART I. DEATH 4360 Conditions, if on gove rise to in couse (o), statunderlying court	WAS CAUSED IMMEDIATE y, which mediote ing the	DUE TO, OF	line for 101, (b), once Cardic RAS A CONSEQUE CARAS A CONSEQUE MU Hip U	NCE OF	Accie Accie	Armo lad Ucer			APPROBETWEEN	XXMATE INTERVAL YOUSEL AND DEATH YOU
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE Chronic Folog Cather Contribution to Chronic chief for lich 190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. AUTOPSY? 200. IN CERTIFY YES NO								S, WERE FIND		
	216. ACCIDENT WAS UNDERLYING TO A CONTRIBUTING CAUSE OF DEATH CIFE EITHER, NOTIFY MEDICAL EXAMINER) 216. TIME OF INJURY HOUR A.M. MONTH DAY OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CAUSE OF THE CONTRIBUTION OF THE CONTR			Y YEAR			RED (ENTER NATURE OF	FINJURY IN ITEM 18	PART I OR PART 2)		
	21d. INJURY OCCU	WHILE ORK		ME STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET				CITY	OR TOWN	COUNTY	STATE

Mcclure pro

22e ADDRESS

ATTENDING PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL 23b. DATE 01-07-83

23c NAME OF CEMETERY OR CREMATORY LOUDON PARK

DEGREE

MB

23d LOCATION
CITY OF TOWN
BALTIMORE

CITY

STAFF PHYSICIAN

BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2

(VRA 15, 4)

21229 4107 WILKENS AVE HUBBARD FUNERAL HOME, INC.

250. DATE REC'D. BY REGISTRAR 256

MEDICAL DIRECTOR

MARYLAND

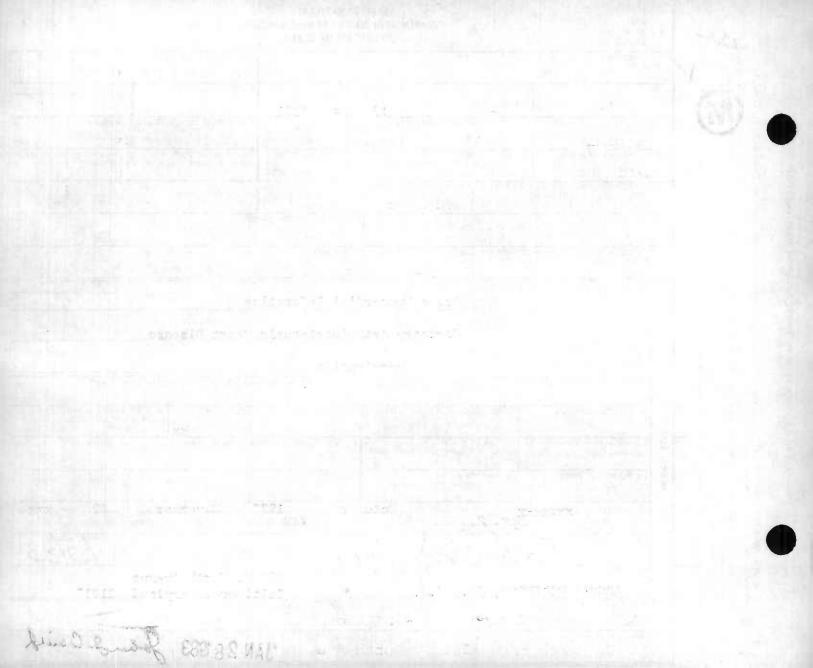
22c. DATE SIGNED



						STAT	E OF MARYLAND	44 19	()	1 (7)	0 0
	1-	FOR STATE REGISTRAR			DEPARTA		HEALTH AND MENTAL H		U	1 0	uo
	V DE	CEASED NAME	FIRST		MIDDLE		LAST .	REG. N		AY YEAR	2b. HOUR
/		OR PRINT)	ercy			Heat	1-	January		1983	Zu. HOOK
	3. SE			4. RACE	A.	5. DATE	, 01.	6. AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male		Black	<	MONT		-1	MDC M	ONTHS DAYS	HOURS MIN
ı	70. BI	RTHPLACE (STATE OF	OREIGN		WHAT COUNTRY?	8	1201	9. BALTIMORE CITY	YRS.	OF DEATH	
3	(Virginia		Ţ	JSA	MARRIE	DIVORCED	Baltin	nore C	ity	٨
1	10 C	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION	126. KIND O	F BUSINESS O
I	Ba	altimore		1637	E. Nort	h Av	enue 3rd Fl	TITPE OF WORK FOR MOST	DF WORKING (IFE	INDUSTRI	
ĺ	130. S	AL RESIDENCE (IF NURS	ING HOME OF		GIVE RESIDENCE BEFORE		\$13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	3rd	F1 2	21213
Į		MD			Baltim	ore	YES X NO	1637 E.	Nort	h Ave	nue
I	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		LAST	
4		Joseph		100	Heath		Annie			Samp]	Le
1		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR			
l		Yes			229-38-9	226	Mary M. Hea	th 1637 E. N	lorth A	ve. 3rd	Floor
ſ		18. CAUSE OF DEAT	H (Enter or	nly one couse per						BETWEEN O	MATE INTERVAL
ı		PART I. DEATH W		TE CAUSE (a)	Acute M	yocar	rdial Infarct	ion			
1		4100		DUE TO, O	R AS A CONSEQUE	NCE OF					
1		Conditions, if any		(b)_	Coronar	y Art	erioscleroti	c Heart Disc	ease		
		gave rise to imm cause (a), statir	g the	DUE TO, O	R AS A CONSEQUE	NCE OF					
1		underlying cause	last.	((c)_	H	yperi	ension				
ı	z	PART 2 OTHER SIGN	NIFICANT (CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVE	N IN PART 110	
4	CERTIFICATION	19a, DATE OF OPERA	TION	110h COND	IT ION FOR WHICH	OPEDATIO	IN WAS PERFORMED	20a AUTOPSY?	20h IF VES	WERE FINDIN	GS LISED
	FIC	THE DATE OF GREAT	1014	170 COND	MONTOR WINCH	OFERATIO	NAS PENI ORMED		IN CERTIFY	ING CAUSES	OF DEATH?
ł	ERT	21g. ACCIDENT WAS UNI	DERLYING T	7 21b, TIME C	DE IN JURY		Tale HOW IN JURY OCCI	RRED (ENTER NATURE OF INJ	*		NO 🗆
l	_	OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH DA	YEAR		The first sales of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
١	MEDICAL	(IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR			M. OF INJURY	19	211. LOCATION				
ı	ME	WHILE NOT WE	INE 🗆		REET, FACTORY, OFFICE, F	ARM, ETC]	STREET	CITY OR TO	NWC	COUNTY	STATE
1		220.1 certify that (1)		iteliantended th	ne deceased from	Octo	her 10 19	77 to Novemb	ner 1	9 82	that (IDENEX)
		saw the deceas	ed alive an	NOA N	19.8	2	nd that in (my) (2012 Spinio				
1		abave, (1) (we) (22b. SIGNATURE	did) (did no	it) view the body	ofter death.	4	DEGREE			77s DAJE S	HGN/D
ı			11/	3 la lav	non	M	ATTENDING PHYSICIAN	MEDICAL STA		1/2	1/83
Н		22d, PHYSICIAN'S N.	AME (TYPE	OR PRINT)	CH I I	1/-	220 APPIDESS			1/21	100
		ARCHIE	RORT	NSON, J	P M/d			2 W. North		21217	
+	23a. E	BURIAL, CREMATION,				NAME OF C	EMETERY OR CREMATOR	1timore Man		/1/1/	
	1	BURIAL		1/31/8			eteran Cem.	Crownsv:	ille	COUNTY	Md TATE

DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR
Wm. C. March F/H 1101 * E: North Ave. (VRA 15, 4)



ment of the two was day! white was util angle A CONTRACTOR OF THE REAL PROPERTY OF THE PROPE Sales than S that he was Amy Julius to the of - Committee and the Big China Dies Pring Control Letter 12 1 2 interested may El and when I Think I was I seems I made the total of the second section of the second

THE SAME STORES OF THE SAME STORES OF THE SAME OF THE

VOIDED DEATH CERTIFICATE NUMBER 83-01011

SEE DECEMBER, 1982 - BABY BOY HENSON,

DIED: OCT. 3, 1982 - CITY

SEE LATE 1982's



FOR STATE REGISTRAR			DEPARTN	NENT OF H	OF MARY EALTH ANI ICATE OF	MENTAL HYG	IENE 8	3 REG. NO	0	1	0	1	2
1. DECEASED NAME (TYPE OR PRINT)	JANE	L MIO			NSON		20 DATE OF	DEATH /	S 3	DAY YE	AR	26. HOW	PA.
3 SEX Female		4 RACE White		5 DATE C		44 YEAR	6 AGE (INYE			IF UNDER T		IF UNDER :	24 HRS MIN.
Maryland		U.S.A.	IAT COUNTRY?	MARRIEI WIDOWE		R MARRIED DIVORCED	9 BALTIMOI Balt	ALC: NO			Н		MD
Baltimore	DEATH	11. NAME OF HO (IF NOT IN SUCH F) Baltimot	ACILITY, GIVE STREET	ADDRESS)		STITUTION	12a USUAL C (TYPE OF WORK Hous		WORKING LIFE			BUSINE	SSOR
USUAL RESIDENCE (# 13a STATE Maryland	13b. COUN		CITY OR TOW	N	13d INSIDE	CITY LIMITS?	13e. STREET A		ook R	oad	21	061	
FATHER'S NAME FIRST Georg	е	MIDDLE	Schmid	t	15. MOTHE	Pauline	-	WIDOLE		Ca	LAST arr	011	
160 WAS DECEASED E {YES, NO OR UNKNOWN		WAR OR DATES)	6 SOCIAL SECUI 212-42-3		17. INFORM	AANT 1 Henson	1109	ADDRES Wynbr		oad	21	061	
18 CAUSE OF D PART I. DEAT	H WAS CAUSE	y one couse per line DBY: E CAUSE (o)	e for ray the, one	05151	CF	Price	sti	× 2			PROXIM WEEN OF	MIC INTER	DEATH /
Conditions, if	ony, which	DUE TO, OR A	S A CONSEQUE	NCE OF	epsis	Met	t, aud	OSIS	5				
gove rise to couse (o), s underlying co		DUE TO, OR A	s a conseque	nce of	Cyto	megal	ovirus	, 54	slemi	?			
PART 2, OTHER S	Reput	ONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE	OR COND	ITION GIVI	EN IN PAR	RT IIo		
NOTE STORY OF STORY O	2/82	196 CONDITIO	ON FOR WHICH	OPERATION	V WAS PERI	ORMED	20a AUTO	NO [20b, IF YES IN CERTIFY YES	YING CAL			H?
OR CONTRIBUTING	_	21b. TIME OF IT HOUR A.M. P.M.	MONTH DA	Y YEAR	21c HOW	INJURY OCCURE	RED (ENTER NAT	URE OF INJURY	Y IN ITEM 18 P	ART I OR PAR	RT 2)		
21d. IN JURY OCC		21e PLACE OF	INJURY		211 LOCA			CITY OR TOW	VN	COUNT	IY	51	TATE

22b. SIGNATURE

24 FUNERAL DIRECTOR

earth be Jetoched for use os the buriol-tronsit permit. The terms state Dept. of Heolth and Mental Hygiene prior to CHANERAL DIRECTOR: After this certificate has been MADITANT: If Hem 21 is morked or Hem 18 shows ony BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

22d. PHYSICIAN'S NAME 23a BURIAL, CREMATION (SPECIFY) 1/11/83 Burial

220.1 certify that (1) (this hospital) ottended the deceosed from

> Cedar Hill Cemetery Brooklyn Park 231. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

DEGREE

ATTENDING

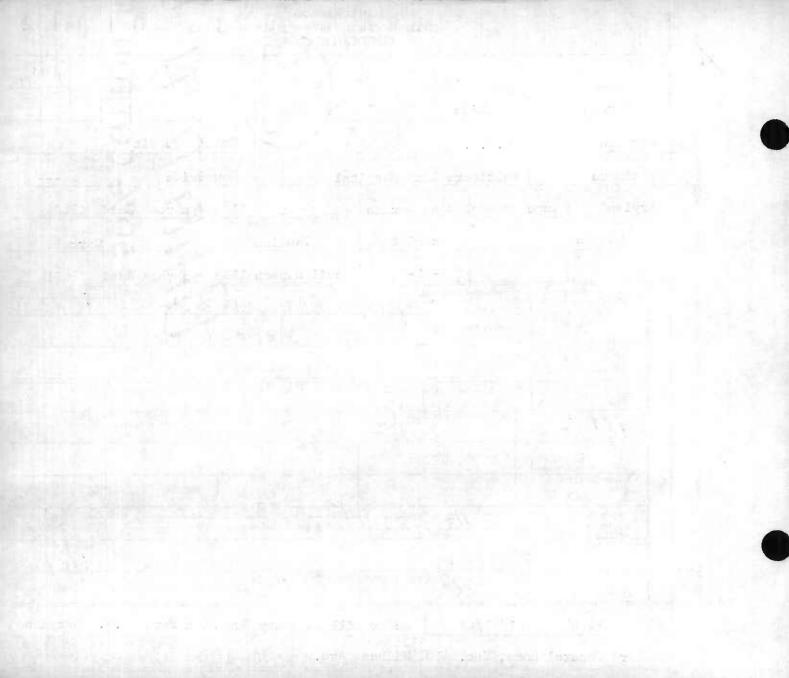
PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

A CONNIY Mary land

21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

77r DATE SYGNED



m.c		OR PRINT		WIDOLE		ASI	20. DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR
deotl deotl		MARTE	Eli	zabeth		HTRMAN	ALC: U	7 77 97	12:35 PM
e d	3 SE	X	4 RACE		5. DATE (OF BIRTH 7 905	6 AGE (IN YEARS LAST BIRTHD		
soft		F	1.n. 1		MONT			MONTHS DAYS	HOURS MIN.
dire	_	IRTHPLACE (STATE OR FOREIGN	Whi -	WHAT COUNTRY	2 8	29 1.89	9 BALTIMORE CITY OR C	YRS OF DEATH	
20		COUNTRY)	70. CITIZEN OF	WITAT COOKIN	MARRIE	D NEVER MARRIED	and the second second second second		
S S S		Md.	U.	S. A.	WIDOWI				MD
27 211	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS CH FACILITY, GIVE STRE	ING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
1	D	Balto.		Agnes H		tal	Housewife	JAKING LIFE) INDOSTRI	
15 B)	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	/	. Dolta 1	M4 27205	7
# VED	300	STATE 134 CO		13c. CITY OR TO	WN	13d INSIDE CITY LIMITS			
1	IA E	Md. Ba	lto.		-	YES NO X	11-C West	Bend Ct.	
Sal de	1	FIRST	MIDDLE	LAST		FIRST	WIDDLE	LA:	51
E SO	1	Henry		Tribl	96	Marv		Buxmei	er
d co		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	16b. SOCIAL SEC	URITY NO.	2504MAE.M€	redith Dr.	Vienna,	Va.
Page Page	1	125.140 04 014410441)	SITE WAR OR DATES!	579-62	-957		t Herman	22180	
the the		18. CAUSE OF DEATH (Enter	naly one cause ne			1111110001	U IIO I III CIII		CIMATE INTERVAL ONSET AND DEATH
pap pap novo		PART I. DEATH WAS CAUS	SED BY:	(me for to), to,		no trace	P. + 8 1		nonto
ne rem		4292 IMMEDI	ATE CAUSE (0)	Devre	ce Co	ngetive 1	read failur	re or	non
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otte ove tran		Conditions, if any, which	((b)_	Allun	esclen	The caro	leorasculen de	rear 42	Jean.
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bur II Me	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION			
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J for		obove, (I) (we) (did) (did-		ofter death.			ion death occurred on the date	and hour and from the	couses stated
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AL Detail		Geory V	clawha	an		MY ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	VI 1-	13-83
AN Sto d	1	22d PHYSICIAN'S NAME (TYPE	E OR PRINT)			22e ADDRESS	- DIRECTOR - THISICIAL		
ORT PEUN		G. 1/E) (#	TNIKA	2 An/	MM	St-Ann	es Hospital, P	Baltnine M	10 2122
should b								SOCIMIL M	10-2122
	23a	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATO	CITY OR TOWN	COUNTY	STATE
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-16 50M I/B1	24 E	Truman Schv	rah 515			'l.Pike 25a	DATE REC'D. BY REGISTRAR 250	REGISTRAR'S SIGNAT	
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FOR STATE REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3

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DIVISION OF VITAL RECORDS	UID BE EXECUTED WITHIN 24 HOUR "FENDING" IN PENCIL IN ITEM 18. F MEDICAL EXAMINER ALONG WE DA A BURIAL "RANSIT PREMIT. HEALTH AND MENTAL HYGENE, DALL CREMATION, OR REMOVAL.	7	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT REL	ATEO TO THE TERM	INAL OISEASE	OR CONDITION	N GIVEN IN PART	1 (a).				
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-	2000 H		ACTUAL SIGNATURE	7/1	Ju	ry)		M	Assis		MEDICAL E	XAMINER	DATE	1-6-83	
	OEA STOR		EXAMINER'S	NAME	_								3101401		
	TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR ATTO FUNERAL DIRECTO AFTER DEATH, WITH THE BATTWORE, MARPILAN		(TYPE OR PRI	NT)	ormez R.	Guard			ADDRESS_		Penn St				
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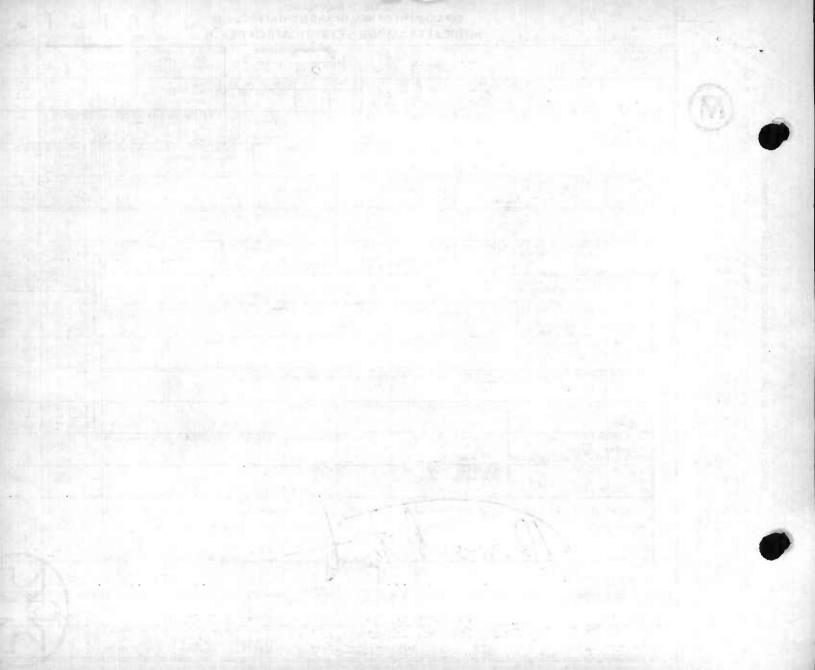
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-Elizabeth XXXXXXX HEROLD FILEEN 83 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR 1926 YRS. RONOUNCED DEAD Female Caucasian December 26 TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED FOREIGN COUNTRY) Indiana DIVORCED Baltimore City WIDOWED [CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore University Hospital Home Homemaken JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS Randalls town . IMD 136 COUNTY 13d INSIDE CITY LIMITS? 3556 Carriage Hill Circle T4 Marulana Baltimore Randallstain 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST unknown unknown 17. INFORMANT Randallstown, ADDRESS Md 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 21133 Donald H. Herold 3556 Carriage Hill Circl 315-10-5379 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Gunshot wound of head (handaun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) TE, WRITING THE WORL THANKED TO THE CHIEF MEDIC ALPAGE 3 SHOULD BE USED AS A ESTATE DEPARTMENT OF HEALTH ESTATE DEPARTMENT OF HEALTH 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2HEAPSYONLY YES X 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOURXANN MONTH DAY UNDERLYING XX OR CONTRIBUTING CAUSE OF DEATH 8 P.M. 1-9-Self-inflicted 19 83 71e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK Carriage Hill Circle Balto Md nome PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST 22a I certify that I took charge of the remains described about Homicide Undetermined monner death resulted from: ACTUAL 1-10-83 MEDICAL EXAMINER SIGNATURE Thomas D. Smith. M.D. 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME (TYPE OR PRINT) 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 731 NAME OF CEMETERY OR CREMATORY Cremation January 13, 1983 Loudon Park Crematory Baltimore Mary 1
24 FUNERAL DIRECTOR Loring Byers Funeral Directors, INC 250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE Maryland **DHMH - 17** 8728 Liberty Rd. Randallstown, MD 21133-4784 (VR A15 ME (5))

20M 4/B2

STATE OF MARYLAND



8	1-	STATE REGISTRAR		DEPARIA		ICATE OF DEATH	REG.	NO.	. 0	
		CEASED NAME FIRST Norman		L.	He	rold	20. DATE OF DEATH	1000		10 as
11)	3. SEX		4. RACE	sian	S. DATE C		6. AGE (IN YEARS LASTE	BIRTHDAY)	FUNDER I YEAR	IF UNDER 2
35		RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY Baltimo	OR COUNTY	OF DEATH	
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Poges			MED FORCES? VE WAR OR DATES)	215-09-C	80568	17 INFORMANT FAMIL	1 RECOR	RESS QS		
emanal.		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly ane couse pe ED BY: TE CAUSE (a)		Respi	natory Arme	+		APPROXIMA BETWEEN ON	ATE INTERV
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ol, cremation, arr		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	DRAS A CONSEQUE	NCE OF	tacis to Bro	Lin + Bone			
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ws ony	CERTIFICATION	190. DATE OF OPERATION				N WAS PERFORMED	Z00 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES O	SS USED OF DEATH
burial-transit Mental Hygic or Item 18 sho		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	ATH HOUR A	DFINJURY I.M. MONTH DA P.M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PAI	RT I OR PART 2)	
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should be de with the State IMPORTANT:		22d. PHYSICIAN'S NAME LIVE CO	ch Sa	hni		220. ADDRESS 27/3	. oldewood	Dr, F	alls a	larc
A > 5	1	URIAL, CREMATION, REMOVAL SPECIFY) ORIAL	236. DATE	9.1983 M	URSL	EMETERY OR CREMATORY AND MEM.P.	23d. LOCATION PARKV	LLE E	COUNTY BALTO.	M (
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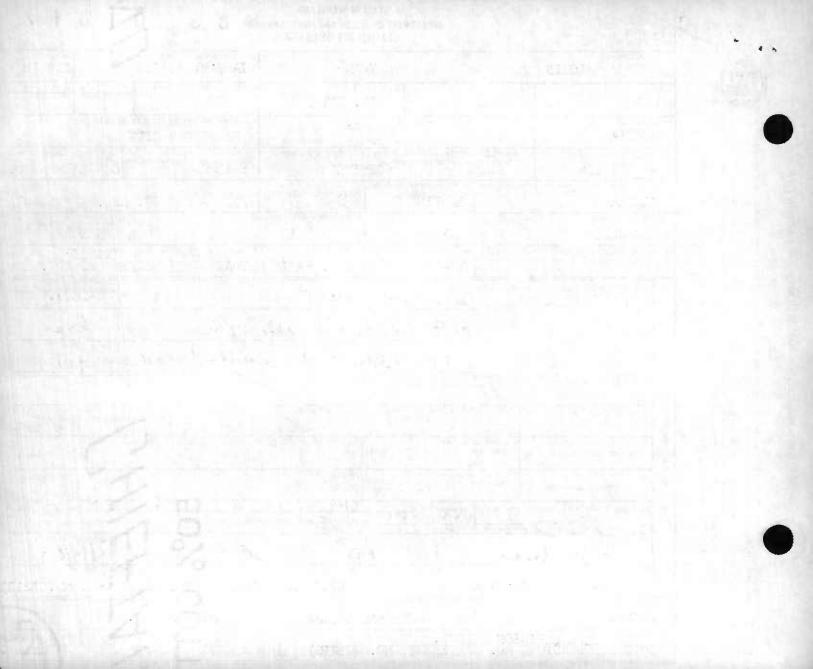
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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·	L	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG.			
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	3. S	ex MALE	4. RACE WHITE		S. DATE O	F BIRTH 1904 AR	6. AGE (IN YEARS LAST	BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS
97	70.	RUSSIA	76. CITIZEN OF V USA	VHAT COUNTRY	MARRIEL WIDOWE	NEVER MARRIED	9 BALTIMORE CITY BALT IMO	OR COUNT		MD.
17	10.	BA LTIMORE	11. NAME OF H	OSPITAL, NURSI LEACILITY, GIVE STREET I	NG HOME O	PITAL	12a. USUAL OCCUP.	ATION STOF WORKING LE	IZE KIND O INDUSTRY SCHOEN	F BUSINESS OR VEMAN CO.
35	13n	JAL RESIDENCE (IF NURSING HOME OR STATE MARYLAND		BABT IMC		134. INSIDE CITY LIMITS?	6921 MARS	ŬE DR.	APT.2A	(21215)
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derocmes tote Dept		226. SIGNATURE Hyre dr	nan		K	PHISICIAN L	DIRECTOR PHY	TAFF SICIAN [22c. DATE	SIGNED
With the State [22d PHYSICIAN'S NAME (TYPE O RONALD	FRIEDMA			6715 PARK I		E. BAL	rimore,	MD(21215
, 5		burial, cremation, removal BURTAL	1/10/	83 WC	RKMENS	EMETERY OR CREMATORY S CIRCLE	BALTIMO			STATE
50M 4/82 5, 4)	24.	FUNERAL DIRECTOSOL LEVE 6010 REISTERSTOR	INSON & WN RD. B	BROS. ALTIMORE	E, MD.	(21215) 250. DATI	REC'D BY REGISTR	AR 25b. REGIS	TRAR'S SIGNAT	hill

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3

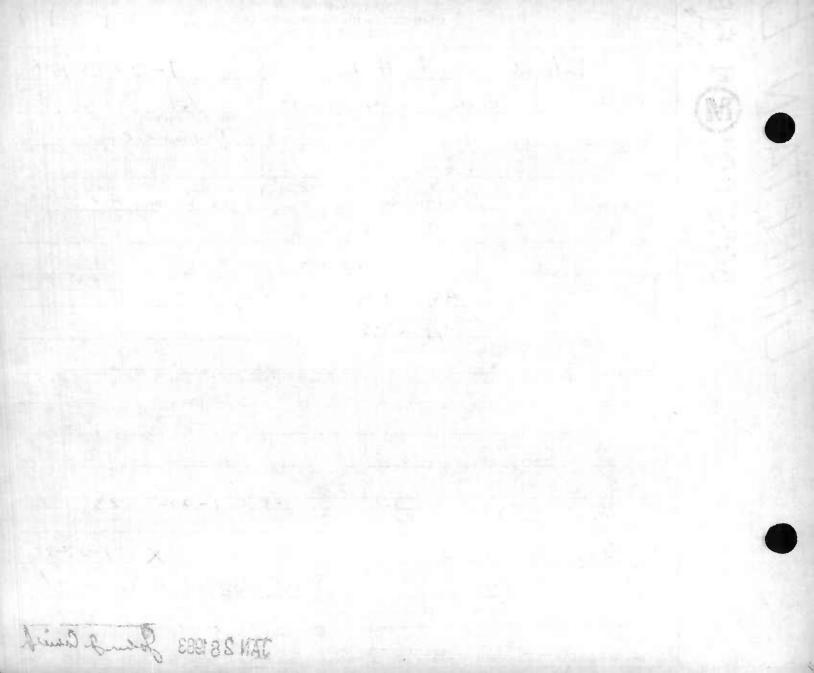


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21201 ANY DELY AND 3 TO RETAIN PO HOULD BE RECORDS	200	MD.	136 COUNTY		BALT.	MORE	13d. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 5235. O	Ldham	54.	124
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		AT WORK - AT	WORK								
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WE REPORTED		death resulted fro	om: Norwall	yses X.	Accident .	Suicidy	, Homicide	Undetermined monner	□ .		
WAN WITH	4	ACTUAL	UU	SULAN	114		TITLE (SPECIFY)		DATE		
SECTION.		SIGNATURE	1	sycal	1/1	Me "	Deputy Chi	E MEDICAL EXAMINER	SIGNED	1/17	/83
MOLEN S A S S S S S S S S S S S S S S S S S		EXAMINER'S NAM	E The	0 0-	- 1 - h	0		Dann C+ Da	14- 046		
TO MEDICAL EXECUTE THE FORGE 4 SHOUN TO FUNERAL AFTER DEATH IN		(TYPE OR PRINT)	" I hom		nith, M.		ADDRESS	Penn St. Ba	1110., IVI	J.	
	230.1	BURIAL, CREMATION	REMOVAL 23b I	DATE	23c. NAME	OF CEMETERY C	/-	23d. LOCATION	COUNT	y 51	ATE /
BP		Bur	AL 1	-12-8	STA	RKSLO	Vem			mack-	VA.
DHMH - 17	1	HATE DIRECTOR	TOV	N W MORESS	1220	Unscal	250. DATE R	EC'D. BY REGISTRAP 25h	REGISTRAR'S SK	NATURE	
(VR A15 ME (5)) 20M 4/82	1	CHIJON	7.001	א דועאן	1047	HUDSON	SILER 1	1983 /46	mot la	help	

A STATE OF THE STA Bearing the fact of the factor
DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

2	1	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	IENE 8 3	0	1 0	19
		CEASED NAME FIRST Edward		DDLE	Hi	cks	20 DATE OF DEATH	MONTH DA	2-83	10 05 M
	3.56	male	4 RACE Blace	ck	S. DATE C	DE BIRTH DAY 9 - 13	6. AGE (IN YEARS LAST BIR	7 YRS.	INTHS DATS	HOURS MIN.
3	V	irqinia	76. CITIZEN OF W	Α.	MARRIE	D DIVORCED	Baltimore City of	we county	City.	MD.
14	В	altimore	Sinai	FACILITY, GIVE STREET HOSpital	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C		12b. KIND OF INDUSTRY	BUSINESS OR
3	130	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		Baltu		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS. 5608 Ferr	Park	Ave.212	207
d)	William	MIDDLE	Hicks		N/A	MIDDLE		LAST	
1		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	216-03-7		Virginia Hick	s 5608 Fer		Avenue	
	NO	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUENTRIBUTING TO	CV/ ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVER	N IN PART Ita	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, YES IN CERTIFY!	WERE FINDING NG CAUSES C	SS USED OF DEATH?
7	MEDICAL CES	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE ALL WORK	P.M 21e PLACE O	MONTH D	19	21t. HOW INJURY OCCURR 21t. LOCATION STREET	ED (ENTER NATURE OF INJU		T 1 OR PART 2)	STATE
		220.1 certify that (1) (this hospit saw the deceased alive an, above, (1) (we) (did) (did not 22b SIGNATURE	1-27	7 19		19 19 19 dd that in (My)Xour) apinion o DEGREE ATTENDING PHYSICIAN	deoth occurred on the di	ate and haur o		
		22d PHYSICIAN'S NAME (TYPE OF Brian M	lu/Keri,	1		22e ADDRESS Sinai	Hospital	, Balt	more,	md
		BURIAL, CREMATION, REMOVAL	1/31/8			n Cemetery	Woodlawn		сацыгэ	Md:
		uneral director a.C.March F/H In	c, 1101	E.North	Avenu	le listoati	AN 281983	Jol	-21	suit

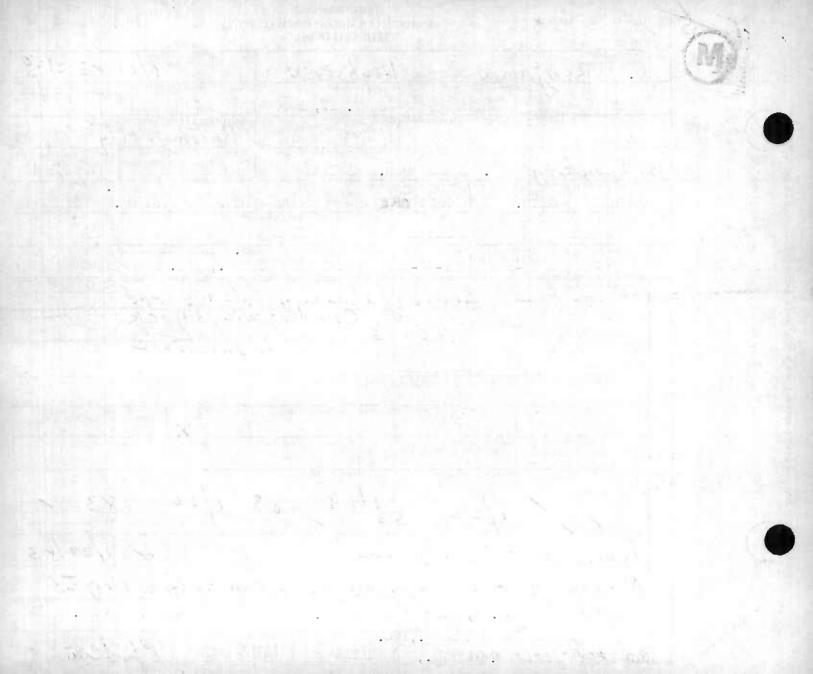
DHMH-16 50M 1/81 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
	TYPE	CEASED NAME FIRST	MIGDLE	1)	AST, Letal	20. DATE OF DEATH MON	1/22/83	2750
	1 SEX	DR. BENJ	4. RACE	5. DATE C	PERITH SERVE	6 AGE (IN YEARS LAST BIRTHDA	T WINDER THEAR	supplieres.
		MALE	WHITE		T. 17, 1910	72	YRS.	HERREY MITE
	Za, BI	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8	XX NEVER MARRIED	9 BALTIMORE CITY OR CO		
5		MARYLAND	USA	WIDOWE	D DIVORCED	13A11.mor	E Cily	M
9	B	A Himore City		ES GEN. H		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO PHYSICIAN	DRKING LIFE) 121 KIND OF INDUSTRY MED.	EBUSINESS OR
5	130 S	AL RESIDENCE (IF NURSING HOME OF STATE IN COUNTY BALT	TY 13t, CITY C	CE BEFORE ADMISSION) OR TOWN TIMORE	13d. INSIDE CITY LIMITS? YES \(\text{NO } \text{X} \)	3203 OLD POS	APT. 6 ST DR. #2:	1208
0	14 FA	THER'S NAME MORRIS	HIGHS ¹	ÎEIN	15 MOTHER'S MAIDEN NA/	WICCLE	GREEN	
2		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV YES WWI	E WAR OR DATES!	44-1136		RS. HILDADHES T DR., APT. 6		
	NO	PART I. DEATH WAS CAUSE IMMEDIAN Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A GOT	C.U.T.E.	CIANDING E	ardiation	ON GIVEN IN PART 100	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 201 YES NO NO	Ib. IF YES, WERE FINDING I CERTIFYING CAUSES O YES []	GS USED OF DEATH? NO
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AI WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY.		211. LOCATION STREET	JIT-DETOWN	countr	STATE
		27a. I certify that (I) (this hospi saw the deceased alive an abave, (I) (we) (dd) (did na	tal) attended the deceased	fram	nd that in (rgy) (aur) apinian (death accurred an the date of	, the and have and from the c	hat (I) (we) las auses stated
		Mulian C.	When	Je nu	FITTSICIAN L	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE S	1/83
		MARCOS E	3. GALICI		1) Nerth	CHArles GE	N. 1109-7.	2/
		BURIAL CREMATION, REMOVAL SPECIFYIBURIAL	JAN. 24, 1983		EMETERY OF CREMATORY L MEM. PARK	RANDALLSTO		MD
		UNERAL DIRECTOR SOL LE	AL	S., INC.	25c DAT	REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATU	RE
	_6	Stal Riasverston	INTRUZA BALTO	MD 2	213 JA	10000	The state	mely

DHMH - 16 50M 1/B1 (VRA 15, 4)



Haesloop 17 (NEORMANT 1504 TredegardreRoad 21228 Mrs. Catharine Hildebrand APPROXIMATE INTERVAL IMMEDIATE CAUSE (a). Carcinoma of the lung with bone metastasis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY 220.1 certify that (MX) (this hospital) attended the deceased from January 9, 19.83, to January 13., 19.83, that (MX) (we) like sow the deceased olive on January 13, 19.83, and that in (MX) (aur) opinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED DIRECTOR PHYSICIAN S c/o Maryland General Hospital Burial COUMMarvlandiate Baltimore Loudon Mausoleum 1/15/83 24 FUNERAL DIRECTOR 16 30 Edmondson Ave., Catonsville, Md250. DATE REC'D. BY REGISTRAR 251/ REGI Vitzke Catonsville Funeral Home, P.A. 21228

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG NO

2h HOUR

126 KIND OF BUSINESS OR

IF UNDER I YEAR

INDUSTRY

Retired

20 DATE OF DEATH MONTH

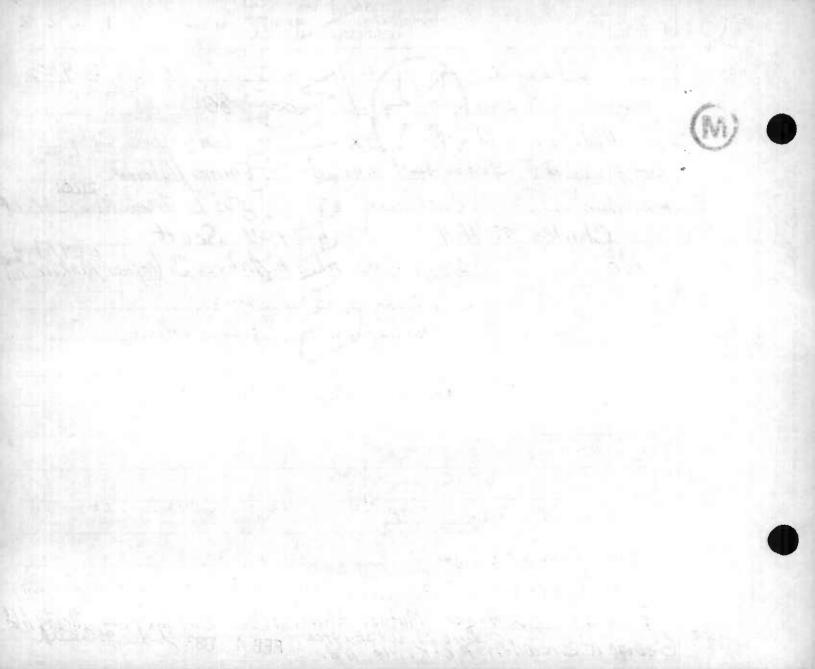
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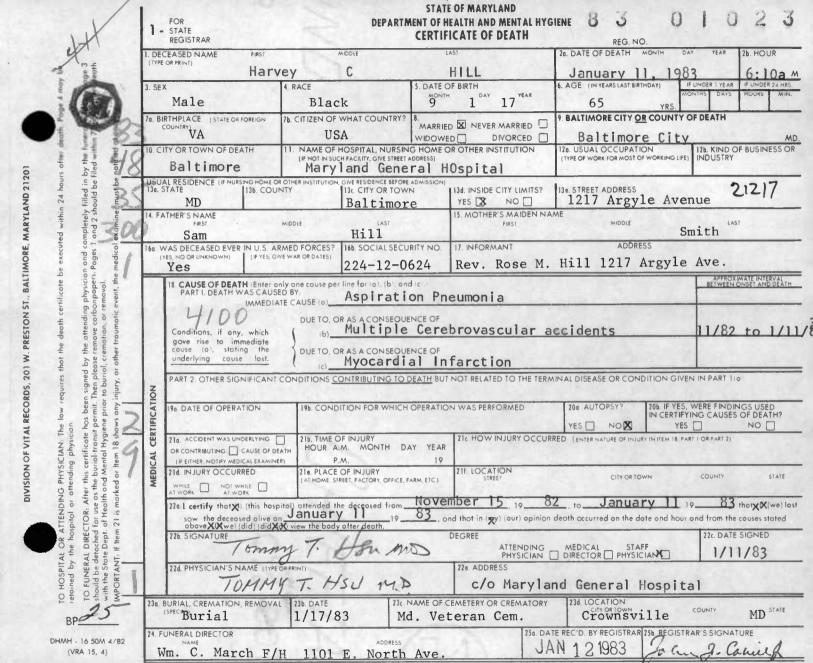
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REGISTRAR

DECEASED NAME

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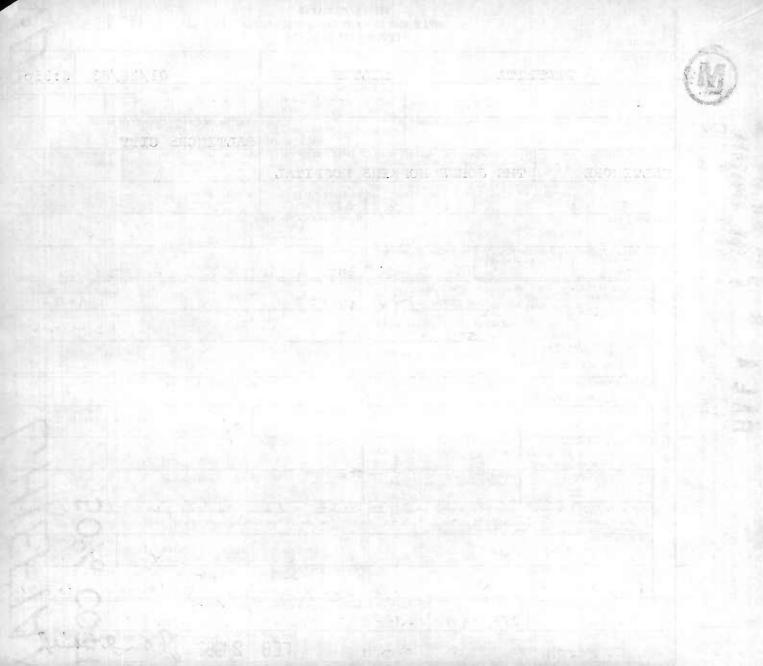
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) hnie 3. SEX YEAR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FDWONDSON MADORA 16b. SOCIAL SECURITY NO VAN . FA WALLACE 1533 FOMUNDS 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY ARDIO VASCULAR ANCER of the LUNG Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [210 ACCIDENT WAS UNDERLYING 21h TIME OF IN JURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended the deseased fram. 83 sow the deceased alive an. __, and that in (my) (our) opinian death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORT

23b DATE

23c NAME OF CEMETERY OR CREMATORY MFAUGURN

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR

LINE HOLDER CONTROL OF THE STATE OF THE STAT ADDRESS OF THE PROPERTY OF THE PARTY OF THE THE PARTY OF THE P FEB 2 1983 / C C C GARA

- 6	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	1028
C HEEK		CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
C = = = = =	(110		EGINA /// H	TT	January 2,	1983 10:5Qp
- Chan	3. SE	X C	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
Train (AA)		+	WHITE	AUG. 18, 1942	40 YRS.	
a same		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
THE P		MD.	U.S.H.	WIDOWED DIVORCED	BALTIMORE CI	ry MD.
d 33 37	1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HO		TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
the feet of the second	USU		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) IN 113d INSIDECTY LIMITS?	13e. STREET ADDRESS	2/224
9 11	14 E	ATHER'S NAME	DALTO	YES NO I		NSON SI
1000		William	SCHULTH	Eis ANNA	MIDDLE S'	EUPRI
1 0 0 0		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS	
5 64 1/		NO	214-40.	7797 Timmy L.	HITT DAME	21224
the reference and reference corbon paper is, or removal.		PART I. DEATH WAS CAUSI	nly one couse per line far (o), (b), an ED BY: .TE CAUSE (o) ARDY A	100011		BETWEEN ONSET AND DEATH
ding corbo		4240	DUE TO, OR AS A CONSEQUE	ENCE OF		0
he death he attendin motion, or troumotic		Conditions, if ony, which	(16) Prolon	ged Hypore	nsion	S Aves
by the sase of the athe		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE		HROWBOSIS	
uires fl signed ren plea o burio	_	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 110
2 2 2 2 2	S S			bosis		
TYSCIAN: The law reding physician. is certificate has been burial-transit permit. Mental Hygiene prior it fem 18 shows ony or frem 18 shows ony	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
SKCIAN: The long physicion. certificate has arial-transit per ental Hygiene hem 18 shows	E	1282	THEOMBO SEL	Lafficient of	110	
Physical Hangel		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	- HOLLD A M. HONITH O	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
PHYSICIAN ending ph this certific to burial-tr ad Mental is	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	211 LOCATION		
DING PHY or attendii After this e as the bu	WEG	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
NO PO			oital) attended the deceased from_	12 83- 19		9, that (I) (we) lost
CTO CTO J for of h			ot view the body ofter death.		death accurred on the date and hour	
AL OR AT y the hosp AL DIRECT defoched if ore Dept. o		22b. SIGNATURE	Ruas MD	DEGREE ATTENDING	_ MEDICAL _ STAFF	22c. DATE SIGNED
by the Brate State		22d. PHYSICIAN'S NAME (TYPE		PHYSICIAN [DIRECTOR PHYSICIAN	1283
TO HOSPITAL of retained by the TO FUNERAL I should be deto with the State I IMPORTANT.		RUAS	E.	JOHNS	HOPKINS K	tospinal
PP	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.1	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN B4	COUNTY CO. STAIND
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR LEAD	WW - SKARDIA		TEREC'D. BY REGISTRAR 25h REGIST	
(VRA 15, 4)	1	HOMAS J. JKI	ACDA 3218/HO	VOSON ST	IAN 41983 /2	an L. Carried

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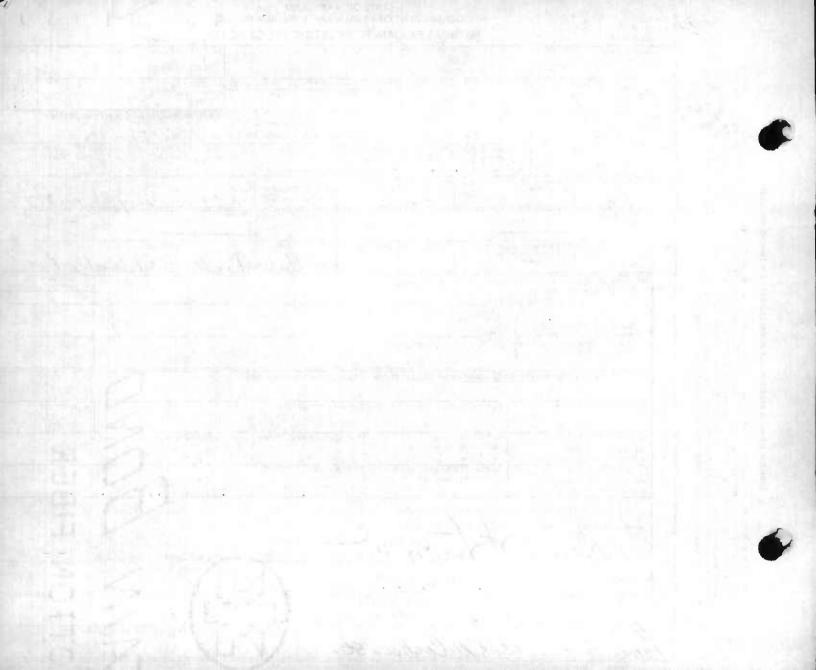
6	1.	STATE REGISTRAR	DEPAI	CERTIFICATE OF DEA		
Mark Mark	(TYP)	CEASED NAME JOHN	E .	Hittle	20. DATE OF DEATH MONTH	9 83 845
	3, 55	Male	* RAC aucasian	5. DATE OF BIRTH 3-1:	3 = 05 6. AGE (IN YEARS LAST BIRTHDAY) 77 7 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
De		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR USA	Y? 8. MARRIED NEVER MARR		ÇİTY "
1/	10. C	PARTIMORE		SING HOME OR OTHER INSTITUT		126. KIND OF BUSINESS O
33	13a. :	AL RESIDENCE (IF NURSING HOME OF	13c. CITY-OR TO	OWN 13d. INSIDE CITY L	1 3549 CHEST	ERFIELD AV
Ta		ohn Phillip F	ĭittle LAST	15. MOTHER'S MA Anni ^F ®	Grier MIDDLE	LAST
deca		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		ADDRESS	21213
1	n		2 1 4 - 0 3 - 7 ly ane cause per line far (a), (b),		an Hittle 3549 Ch	esterfield A
emon event,		PART I. DEATH WAS CAUSE	D BY: CARDI	()	en ARREST	
n, or r mofic		7439	DUE TO, OR AS CONSEC	DUENCE OF	STOTIC SHOCK	
r frou		Conditions, if any, which gove rise to immediate cause (a), stating the)		SEPTIC SHOCK	
ol, cre or othe		underlying cause last.	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	PHERAL VAS	SCHUPP VISEASE	
Weburi	Z	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART TO
out o	CERTIFICATION	190. DATE OF OPERATION		CH OPERATION WAS PERFORME		ES, WERE FINDINGS USED
1×	1	12/29/87	- occuss		VES NOTE	res NO
# 80		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	Y OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
or he	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER THE INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
hon	18	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	0 10	83
Hear		224.1 certify that (1) Not have as	all allended the decrased from	A. Carrier	9 <u>8</u> 2, to 111	. 19, that (I) (we) l
pt. of		obave, (1) (we) (did) (did An	the/oody after death.	DEGREE) apinion death accurred on the date and he	the DMTE SIGNED
AT. # B		((0)	Ul Cone or	ATTE	NDING MEDICAL STAFF	19/83
APORTAN		234 PHYSICIAN'S NAME ITHE O	NKANEN	220. ADDRESS	SINAI HOSPITA	LOF BALTE
-	23 ₀ .	BURIAL, CREMATION, REMOVAL UPICAL	23b, DATE 23 1-12-83	R. NAME OF CEMETERY OR CREM Gardens of Fa	ith Cem. Balto.	COUNTY STATE
50M 4/82		uneral director Chimunek Func				STRAR'S SIGNATURE

STATE OF MARYLAND

Z. STIPPLE LECTOR ALIZE DESCRIPTION HOLDER WEST SAFETY DEAD & LO PER PER PART I

20M 4/82

STATE OF MARYLAND



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	redo	t. The	y injui
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	BPITA!	VERAL be de	ANT
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and camainted, tilled in the tune of should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 whould be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical excemines much a cardion
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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Y	1.	FOR STATE		DEPART		EALTH AND MENTAL HY	GIENE O	3	010	1 2 1
1		REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.		
I		CEASED NAME FIRST	M	IDDLE		AST	20. DATE OF	F DEATH MONTH	DAY YEAR	2b HOUR
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	3 SE	X	4 RACE		5. DATE C		6. AGE (INY	YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
М		FEMALE.	BLF	9CK	9	8 IO	1 7	Z _{YR}		HOURS MIN.
, ,		IRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF V	VHAT COUNTRY?	8 AAA PRIE	D NEYER MARRIED	9. BALTIMO	RE CITY OR COU	VTY OF DEATH	The same of
0		AG	u	SA	WIDOWE		BAL	TIMORE	E CIT	Y MD.
1	-	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL O	OCCUPATION K FOR MOST OF WORKIN		OF BUSINESS OR
3	1	SALTIMORE	South	BALTIN		Gen HSP		SEWIFE		
0	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF		INE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13e STREET	ADDRESS		2/225
S	100	mo BAL	TIMORE.	BALTIN		YES NO			VIEW RO	7.
	14 FA	ATHER'S NAME	MIDDLE	1.457		15. MOTHER'S MAIDEN NA		MIDDLE	V. 41	
4		KANE	1	Mc CLF	nie	BETTY		WIDDLE	McCi	ou O
D.		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS		
		NO	t was on parts)	212-26	-1013	CORA BULL	LOCK	400 150	שוחשטונונ	159 c
		18 CAUSE OF DEATH (Enter or	ly ane cause per l	line far (a), (b), an	nd (C)				APPROX	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY: [E CAUSE (a)	CARDI	AC.	ARREST				
		2030		AS A_CONSEOU	ENCE OF			Mind and the		
		Canditians, if any, which	((b)	Mui	TIPL	E MYSLON	MA			
		gave rise to immediate cause 101, stating the	DUE TO OR	AS A CONSEOU	SNCS OF					
		underlying cause last	(c)	AS A CONSECU	ENCEOF					
		PART 2 OTHER SIGNIFICANT	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E OR CONDITION	GIVEN IN PART 11	0
	ON									
	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY? 20b IF	YES, WERE FINDIN	VGS USED
2	TIE						YES []	NOD	RTIFYING CAUSES YES []	NO
	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY A. MONTH DA	AV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITEM	18 PART I OR PART 2]	
1	AL	OR CONTRIBUTING CAUSE OF DEA	SIE SIE		AY YEAR 19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE O	F INJURY		211. LOCATION	-	6171 07 1011	COUNTY	
	×	WHILE NOT WHILE O	(AT HOME STRE	ET, FACTORY, OFFICE, F	FARM ETC)	STREET		CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this haspi	tal) attended the	deceased fram_		An 19 83	. ta 14	FJAN	19.83	that (I) (we) last
		saw the deceased alive on	1310	19 9	83. an	d that in (my) (aur) apinian	death accurre	d on the date and		
		obave, (I) (we) (did) (did no 22b. SIGNATURE	view the bady o	ifter death.		DEGREE			22c. DATE	SIGNED
		4)3	n (102	m)		ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	100	V. 83
		22d. PHYSICIAN'S NAME LLYPE O	R PRINT)			22e ADDRESS	_ DIKECTOK	PHYSICIAN	0/	1-00
		1.18	. Col	RN		3001	3. H	ANOUS	R BA	LTIMORE
	23a B	BURIAL, CREMATION, REMOVAL	23b DATE		NAME OF C	EMETERY OR CREMATORY	23d, LOCA		10.	
	1	(SPECIFY) Burial	1/18/				CITY	OR TOWN	COUNTY	STATE
		UNERAL DIRECTOR	1/10/	03 1	Arout	us Mem. Pk		butus,	Md	LIDE
	21,	Wm C March	7/4 1	101 E.	Mont		N 171	983		shill
		- Trul Cil	- / 44	TVI Fra	IV() I T	II AVA		1/10		77

CAROLINE CON AGAIA RUE E'S PI 10 On 3 P PORTS STREET Very Disease Plans P. C. N. BERTHOLD STORE THE STORE BOOK TO BE STORED T AND PROTOCOL PORT I SHOW I'M SHOWING ONE VTST Lue 3 s/4 Warran St. 3111 ESTERNATION FOR PRODUCTION SOLDS. SIG 364 Cerronal wheness is Must repet the Marin will MENTSHE MUCHAEL STOCK

A	1.	FOR - STATE REGISTRAR	DEPARTM	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0	1 (3 2
		CEASED NAME FIRST	WIDDFE	40	LLAND	20. DATE OF DEATH	MONTH DA	83	210 K
~	3 SE	M	RACE	5. DATE O		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
3		VIRGINIA	LS	WIDOWE		9. BALTIMORE CITY O	COUNTY	F DEATH	MD
13	1	BALTINOTE	1. NAME OF HOSPITAL, NURSING		OR OTHER INSTITUTION	MAINTENCE	ON OF WORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS OR
23	MA	ALRESIDENCE HE NURSING HE DICE STATE RYLAND	I STISTITUTION GIVE RESIDENCÉ BEFORÉ 13c. CITY OR TOWN FAIRFIEL	٧	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 3324 TATE		T 21	1226
	1	STEVE	HOLLAND		15. MOTHER'S MAIDEN NAM FIRST JOSEPHIN	E		LLAND	ST .
2		NAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN) (1F YES, GIVE V NO	ED FORCES? 16b; SOCIAL SECUR	rity no.	SYLVIA QUEEN	3324 TATE		T	
or Other troumotic event, th		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		ROLIS,		BETWEEN	IMATE INTERVAL ONSET AND DEATH
injury. o	NOI	w / a	DINDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 11	0
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO	20b. IF YES, V IN CERTIFYI YES	NG CAUSES	NGS USED OF DEATH? NO
or Hem 18	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJULI	RY IN ITEM 18 PAR	I I OR PART 2)	Neda
morked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE FA	RM, ETC)	21f. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
n 21 is me		22a.1 certify that (1) (this haspital sow the deceased alive on above, (1) (we) (did) (did not)	19	, 01	nd that in (my) (our) opinion o				that (I) (we) lost couses stated
NT. # He		226 SIGNATURE	metury	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		The DATE	5/83
APORTA		22d PHYSICIAN'S NAME (TYPE OF P	2-TX4		3 CV C.	5. Hano	ver.	58.	

23c. NAME OF CEMETERY OR CREMATORY

MT. ZION CH. CEM

DHMH - 16 50M 1/81 (VRA 15, 4)

24. FUNERAL DIRECTOR

E.L. PHILLIPS

230. BURIAL, CREMATION, REMOVAL

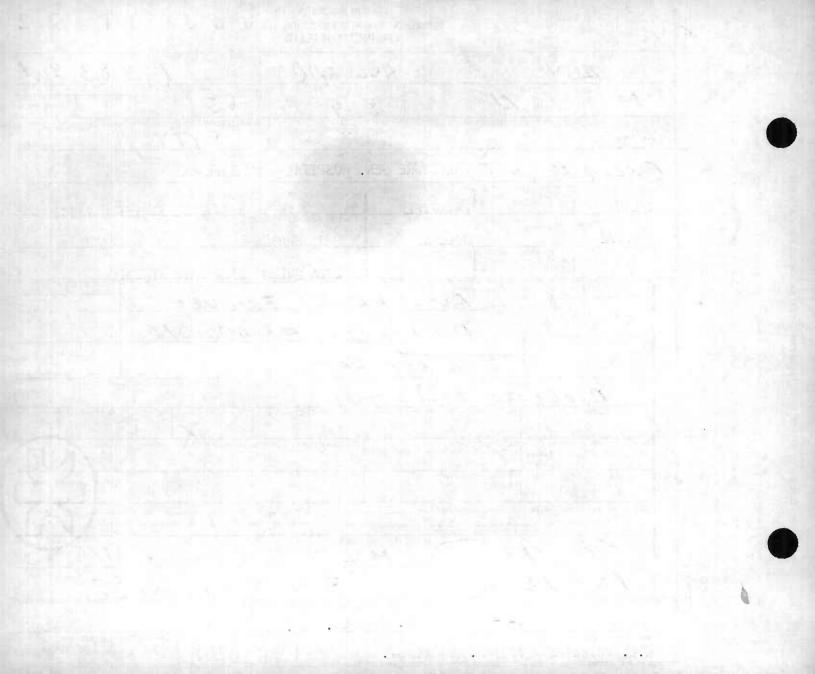
1721 N. MONRUE ST.

23b. DATE 1-8-83

23d LOCATION

COUNTY

MARYLAND



BP______ DHMH - 16 50M 1/8 (VRA 15, 4)

1	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 3	0 1	U,	3 2
	CEASED NAME FIRST GEORGE	E D.	HOLL	EY	J ANUARY	MONTH DAY		HOUR P.
3. SE	MALE	4 RACE NEGRO	JAN		6. AGE (IN YEARS LAST BIR'	THDAY) IF UND	DAYS HOL	NDER 24 HF
n	irthplace (STATE OR FOREIGN COUNTRY) naryland	76 CITIZEN OF WHAT CO	MARRIE WIDOWE			ORE CI		
	BALTIMORE	2104 BRYA	NT AVENU	DR OTHER INSTITUTION	126. USUAL OCCUPATION IN THE REAL PROPERTY.		L KIND OF BU DUSTRY	SINESS
W.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDE	PTWORE	13d. INCIDE CITY LIMITS? YES NO [132104^DBRY	ANT AV	ENUE 2	212:
4. F/	ATHER'S NAME FIRST	WIDDLE	LAST	ROSE	WE		HÖL	LEY
6a \	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	-14-5604	RUBY C. HC	ADDRE OLLEY/2104		T AVE	21
CERTIFICATION	PART 2 OTHER SIGNIFICANT	196 CONDITION FOI			200 AUTOPSY?	20b. IF YES, WER		lore
=						IN CERTIFYING	CAUSES OF I	DEATHS
AL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MOI	NTH DAY YEAR	21c HOW INJURY OCCURR	YES NO	YES [CAUSES OF D	DEATH?
		ATH HOUR A.M. MOI	NTH DAY YEAR 19	211 LOCATION STREET		YES T	CAUSES OF D	DEATH?
CAL	OR CONTRIBUTING CAUSE OF DE- INF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) this hope saw the deceased alive an obove, (1) the large of the same of the s	ATH P.M. MOI P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR attended the decease	NTH DAY YEAR 19 RY, OFFICE FARM, ETC.) and from	211 LOCATION STREET	CITY OR TO	YES THE PART I OF THE PART I O	CAUSES OF E	STATE
CAL	OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) who hap saw the deceased alive an above, (1) the same (did no 22b. SIGNATURE	ATH HOUR A.M. MOI P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR DI) view the bady ofter deal of the decease of the bady ofter deal of the bady of the decease of the bady of the decease of the bady of the ba	NTH DAY YEAR 19 Y RY, OFFICE FARM, ETC.) ed from 577 th.	211 LOCATION STREET 24 19 7 0 and that in (my) (see apprison of the control of	CITY OR TO	YES AVINITEM 18 PART I O	CAUSES OF E	STATE (I) (and) SES stated NED
CAL	OR CONTRIBUTING CAUSE OF DE- INF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) this hope saw the deceased alive an obove, (1) the large of the same of the s	ATH HOUR A.M. MOI P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR DIT VIEW the body ofter deal CAPPRINT)	NTH DAY YEAR 19 Y RY, OFFICE FARM, ETC.) ed from 577 th.	211 LOCATION STREET 214 19 70 and that in (my) (som) apinion of DEGREE ATTENDING PHYSICIAN XX 22e. ADDRESS Balti	CITY OR TOWN	YES AVINITEM 18 PART 1 O	CAUSES OF E NO RPART 2) DUNITY , that from the cause 2c. DATE SIGN 1/27/8	STATE (I) (and) SES stated
MEDICAL	OR CONTRIBUTING CAUSE OF DE- LIFE EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) the saw the deceased alive an above. (I) the color of the color	ATH HOUR A.M. MOI P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR TANK) TANK OTTENDED TO THE BOOK OF PRINT) XTON, M.D.	NTH DAY YEAR 19 Y RY, OFFICE, FARM, ETC.) ed from 19 1h.	211 LOCATION STREET 211 LOCATION STREET 19 70 nd that in (my) (som) opinion of DEGREE M.D. ATTENDING PHYSICIAN XX 22e. ADDRESS Balti 901 N EMETERY OR CREMATORY	CITY OR TOWN CITY OR TOWN TO TAN Beath accurred on the do MEDICAL STAF DIRECTOR PHYSIC IMORE Life	YES AVINITEM 18 PART 1 O	CAUSES OF E NO RPART 2) DUNITY , that from the cause 2c. DATE SIGN 1/27/8	STATE (I) (a) es stated NED

ARTH THE PACE WORK OF THESTHE TO YES. SWEET AND THE ARE THE .9.8 Carlton L. Sexton, M.D. 10212 . Howard, Balto., Ho 21201 A=4 A SERVICE CONTRACTOR OF THE PARTY STATE OF MARYLAND

FOR STATE REGISTRAR					HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE &	REG. NO.	U	1 0	٤	4
1. DECEASED NAME	FIRST	,	MIDDLE	7	LAST	20. DATE	OF DEATH MONT	H DA	Y YEAR	2b. HOL	JR
[TYPE OR PRINT]	Mary	(\mathcal{C} . \mathcal{H}	0220	way	Janua	ry 8, 19	183			W
3. SEX	4	RACE			OF BIRTH	6. AGE IN	YEARS LAST BIRTHDAY		UNDER I YEAR	IF UNDER	24 HRS
Female		White	125	Febi	ruary 18, 1895	87		YRS.	NIHS DAYS	HOURS 1	MIN.
70. BIRTHPLACE (STATE	OR FOREIGN 76.		WHAT COUNTRY?	1	D NEVER MARRIED	9. BALTIM	ORE CITY OR CO		F DE ATH		
Virginia		USA	H 1 50	WIDOW		Balt	timore Ci	ty			ME
10. CITY OR TOWN OF E		5512 S	efton Ave	ORESS)	OR OTHER INSTITUTION		LOCCUPATION DRK FOR MOST OF WOR Aker	KING LIFE)	12b, KIND O INDUSTRY	F BUSIN	ESS OR
USUAL RESIDENCE (IFN 130 STATE Mary Land	13b COUNTY		GIVE RESIDENCE BEFORE AI 13c. CITY OR TOWN Baltimore		13d. INSIDE CITY LIMITS?		sefton A	Ave.	212	14	
14. FATHER'S NAME FIRST GEOTGE	A A	OLE	Clary		15. MOTHER'S MAIDEN NA		MIDDLE		Unknow		
160 WAS DECEASED EV	ER IN U.S. ARME		166 SOCIAL SECUR	TY NO.	17. INFORMANT Balt	imore	ADDRESS /	1d	21214		137
No	TIP YES, GIVE W	AR OR DATES)	226-92-04	162	Elizabeth M.	Moon	5512 Se	efto	n Ave.		
PART 2. OTHER SI PART 2. OTHER SI 19a DATE OF OPEI	iting the use last. GNIFICANT CO	(c) NDITIONS <u>CC</u>		ATH BU	NOT RELATED TO THE TERM	AINAL DISEA	OPSY? 20b	IF YES, V	WERE FINDING CAUSES	IGS USE	D TH2
RTIE						YES 🗌	NOM	YES		NO [
210. ACCIDENT WAS IN OR CONTRIBUTING [IF EITHER NOTIFY M 216. INJURY OCCU	CAUSE OF DEATH	216. TIME O HOUR A P.	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURI	RED (ENTER	NATURE OF INJURY IN IT	EM 18 PAR	T 1 OR PART 2}		
WHILE NOT	WHILE WORK	21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FAR	M, ETC)	21f LOCATION STREET		CITY OR TOWN		COUNTY		STATE
270. I certify that saw the dece abave, (1) (we 27b. SIGNATURE 22d. PHYSICIAN'S	ased alive an) (did) (did na	Sew High body	10 8	2	d that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICA				SIGNED	ated
Dr. A	chard i	M. Hir	ata		11703 Fallsw	ood Te	errace				
23a. BURIAL, CREMATIO	N, REMOVAL	23b. DATE			CEMETERY OR CREMATORY		ATION TY OR TOWN		COUNTY	and no	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

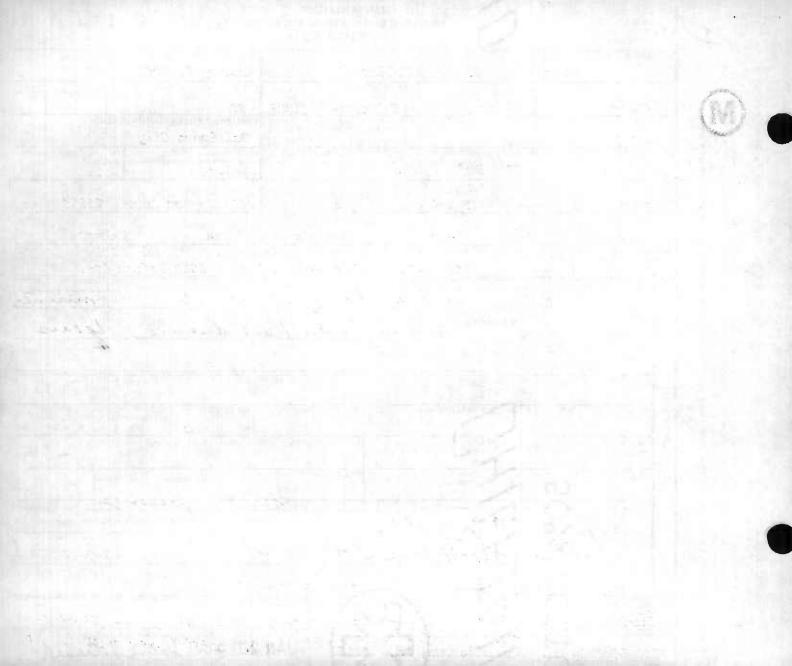
BP

TO FUNERAL DIRECTOR: After should be detached for with the State Dept of

IMPORTANT: If hem 21 is marked or he

8728 Liberty Rd. Randallstown, Md. 21133

JAN 11 198: Surgistrar 25 REGISTRAR'S SIGNATURE



	1.	FOR STATE REGISTRAR				MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG.		10	ing the
n ξ	I. DE	CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH D	AY YEAR	26. HOUR
			WALTER		RNARD	HOOK	1		1 12	83	11:45F
	3. SE	M		4 RACE		5. DATE C		6. AGE (IN YEARS LAST)	YRS	ONTHS DAYS	HOURS M
3	1	IRTHPLACE (STATE (COUNTRY) WARYLAN			S.A.	? 8. MARRIEI WIDOWE	NEVER MARRIED	9 Baltimore CITY Baltimore		OF DEATH	
Carified	10. C	altimore		11. NAME OF		NG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS'	TION OF WORKING LIFE	126. KIND OF	BUSINESS
3	130.	AL RESIDENCE IF N	URSING HOME OR		13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?		ERTW		214 UE.
200	14. F	ATHER'S NAME FIRST	WNSE	MIDDLE A	HOOK		15. MOTHER'S MAIDEN N	EONA	SMITH	1AST	
medicol		VAS DECEASED EV	(IF YES, GIV	MED FORCES? E WAR OR DATES)	16b. SOCIAL SEC 212 10	7448	Mrs. Hasnie	M. Hook - 2		leatur	1214 rel Qu
injury, or other troum	NOI	Conditions, if or gave rise to it cause (a), stounderlying cau	mmediate ating the use last.	(b)	OR AS A CONSECTION OF AS A CONSECTION ON TRIBUTING TO	JENCE OF	NOT RELATED TO THE TER	RMINAL DISEASE OR CO	NDITION GIVE	EN IN PART 11a	
ho 9	CERTIFICATION	19a DATE OF OPER	RATION	19b. CONE	OITION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	, WERE FINDING YING CAUSES O	
Mentol Hygi		218. ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DE	HOUR A	OF INJURY I.M. MONTH I	DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF IN	IURY IN ITEM 18 PA	ART I OR PART 2)	
morked or	MEDICAL	AL WORK AL	WHILE WORK	(AT HOME, S	OF INJURY TREET, FACTORY, OFFICE		211. LOCATION STREET	CITY OR	OWN	COUNTY	STATE
21 is mo		22a. I certify that sow the dece above, (I) (we	(I) (this hospi cased alive an (did) (did no	tol) attended to JANUAR t) vigw the bod	he deceased from Y 12, 19	OCTOB 83	ER 8, 19 82 and that in (my) (our) opinion		,	and from the c	
II. If hen		27b. SIGNATURE	Josep	Mille	5		DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN X	1/13/	
IMPORTANT:		224 PHYSICIAN'S	NAME ITHE	DR PRINT)			3900 Loch R	aven Blvd.	Balto	Md. 21	1218
<u>₹</u>	230.	BURIAL, CREMATIO	N, REMOVAL	236. DATE			EMETERY OR CREMATORY	23d. LOCATION		VD_	STATE
OM 4/8	11/2	ERAL DIRECTOR		- 70	MADDRESS	_10	25a. D	AN 1 7 1983	R 25b. DEC IST	RAR'S SIGNATI	BE

Street of the The said to a first the second the said of the said John J. aries of JAN 1 7 1985

				STATE OF	MARYLAND	0		5 5 12 2
1	1.	FOR STATE	DEPART		TH AND MENTAL HY	GIENE O	S U	1000
		REGISTRAR		CERTIFICA	TE OF DEATH		REG. NO.	
. m.£		CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF D	EATH MONTH DAY	YEAR 2b. HOUR
nay be page 3 er death		CAther	PINE SUSAN	V HO.	oper		1-17	-83 1245 pm
r. po	3. SE		4 RACE	5. DATE OF BIE	RTH DAY, YEAR	6. AGE (IN YEA	RS (AST BIRTHDAY) IF L	UNDER LYEAR IF UNDER 24 HRS
lirecto	7- 0	T-PLALE RTHPLACE (STATE OR FOREIGN)	White	8	5 97	8	5 YRS.	
W. Joseph B. B. B. B. B. B. B. B. B. B. B. B. B.	3	RTHPLACE (STATE OR FOREIGN)	LS.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORI	ellinuero.	L. t.
with with	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		THER INSTITUTION	12a USUAL OC	CUPATION	12b. KIND OF BUSINESS OR
by the filled	1	3allimore	South Bal	D. Gen	il Hosp	House U		INDUSTRY
hau din dibe	USU. 73a_S	AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFO		INSIDE CITY LIMITS?	113e STREET AT	DRESS	A 21225
filled should it		Md BALL	1 47 4 5 1	O . YE	S NO 🗆	3568	HORTON	Ace.
with with d 2 d 2 g	14. F.A	. 2 //	AIDDLE / LAST	15. /	MOTHER'S MAIDEN NA		MIDDLE	LAST
y band 3500		VALLES Her			ALICE		1000500	GATTON
e execut	16a. V	(ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC		INFORMANT O	2	ADDRESS C 110	01 0111
rs. Po		NO	W(5-48.	-0438 1	c. Kisco	3001	SHAKOVER	
icate hysic pape aval. nt, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane cause per line for (a), (b), o	nd &	4. 1.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng p bang rem		IMMEDIATE		wy	tailure			48. kes
endir carl n, or mati		4280	DUE TO, OR AS A CONSEDU	JENCE OF	+ 11		T. V. L.	2 4260
a dec		Canditions, if any, which gave rise to immediate	(b) CONSESTE	ue nea	il facilie	6 %		ZWKS
by the size rer		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	JENCE OF	Preumo	neig)		72 has
ned b		PART 2 OTHERSIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT			OR CONDITION GIVEN	IN DADT I
n sign Then to b	O	Prosper	MILLS RO	uno.	Failure	- DISEASE (OR COMPINON GIVEN	IN PART III
bee bee	CATI	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION W	1000	20a AUTOP		ERE FINDINGS USED
The formal rection. The formal rection. The formal rection.	CERTIFICATION				and the state of t	YES 🗍	IN CERTIFYIN	G CAUSES OF DEATH?
hysicia icate h ransit Hygier 18 shov	CER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	210	HOW INJURY OCCUR	RED (ENTERNATU	RE OF INJURY IN ITEM 18 PART I	I OR PART 2)
SICIA ng ph certifi certifi inial-tr iental ltem)		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		DAY YEAR				
HYS nding his co bur d Me	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f	LOCATION		CITY OR TOWN	COUNTY STATE
otte otte s the h on rked	\$	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE.	FARM, ETC)	STREET		,	STATE
A A A A A A A A A A A A A A A A A A A		22a. I certify that (I) (this haspite	al) attended the deceased from.	12/14	, 19.82	, to	/// 19.	83_, that (1) (we) last
TTER prito CTOP for v		saw the deceased alive an abave, (I) (we) (did) (did nat)	view the bady after death	83 and the	at in (my) (aur) apinian	death occurred	an the date and hour an	nd fram the causes stated
OR A bord bept. f Hem		22h. SIGNATURE	li x	DEGR		-17/17		22c. DATE SIGNED
Al All All Ste		K. Kisii), M.D.		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	PHYSICIAN A	1/17/8=
HOSPITA ined by FUNERA fuld be de hithe Stot		22d. PHYSICIAN'S NAME (TYPE OR	PR(NT)	22e	ADDRESS			
etained by TO FUNER shauld be a with the St		12 KISCO		3	001 5	HANOI	IER St.	BALto. Mc
		URIAL, CREMATION, REMOVAL			TERY OR CREMATORY	23d. LOCATI		OUNTY STATE
BP	10.1	Burial		aters Men	n. Meth. Ce	m. Wal	Prille, Man	yland
DHMH-16 50M 1/81		INERAL DIRECTOR	Balton	Md., 4	- " ()			S SIGNATURE
(VRA 15, 4)	1	Cully Funeral.	Homes 237 E. Pa	rtapsco f	ive., JA	IN 1919	103 John	I Could

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Mo	1.	FOR - STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYG	IENE 8 3	0	1 0	37
	1. DE	CEASED NAME PRINT)	LB oy DIANE	9 / HO	PKINS J	re	20. DATE OF DEATH	MONTH D		12-12 M
oge 4 mo	3 SE	MALE	BLACK	5. DATE (MONTH 12	CIAY	82	6. AGE (IN YEARS LAST B)	3 drug M	ONTHS DAYS	HOURS MIN 22 32
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MARYLAND 212 ed within 24 hou impletely filled in ond 2 should be:	MA	AL RESIDENCE (IF NURSING HOME OR CITATE THE COUNT A.A.	TY 13c. CITY OR T	OWN	13d. INSIDE CITY YES NOTHER'S A	AAIDEN NAA	13e STREET ADDRESS	Annaposton H	olis, N	d. 21401 Circle
BALTIMORE, M cote be executed ysicion and cdm opers. Pages 1 or vol. vol.	16a V	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V	MED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT	ī	ADD	ŘESS		
201 W. PRESTON ST., es that the death certific ned by the attending ph please remove carbane, ural, cremation, or remo v. or other traumatic ever	Z	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED 7707 IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CC	DUE TO, OR AS A CONSE (b) Skilere DUE TO, OR AS A CONSE (c) Seller (c) Seller (d) Seller (e) Seller (e) Seller (f) Seller (g) Sel	quence of Brencho OUENCE OF POXEMI	A . Severe	y descho Acido	lasia Pricin Sio. Electro MALDISEASE OR CO	elherax peries dylei'm	e lain	MATE INTERVAL ONSET AND DEATH
TAL RECOR	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WH		N WAS PERFORA		Z86 AUTOPSY? YES NO 5	IN CERTIFY YES	0	NGS USED OF DEATH?
DIVISION OF VITAL RECORDS, NO PHYSICIAN: The law require offer this certificate has been signed os the buriol-tronsit permit. Then the and Mental Hygiene prior to borked or Item 18 shows any injury	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21g. INJURY OCCURRED WHILE NOT WHILE AT WORK	LICUID A M. MONITH	DAY YEAR 19 ICE, FARM, ETC.)	21f. LOCATION	L	ED (ENTERNATURE OF IN) CITY ORTO TY 1+05P1TAL	OWN	COUNTY	UR. HD2122
OR ATTENDO e haspital or DIRECTOR: A oched for use Dept. of Heal		220.1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did nat) 226. SIGNATURE	view the bady after death.	9, ar	DEGREE ATT	ENDING	, ta	date and hour	and from the	
O HOSPITAL etained by the TO FUNERAL should be deto with the Store MAPORTANT: It		22d PHYSICIAN'S NAME (TYPE OR I	PRINT)		22e ADDRESS 6136	E. Pra	DIRECTOR PHYS		more	HD 2122
BP	BU.	BURIAL, CREMATION, REMOVAL	1-24-1983	CHEWS C	EMETERY OR CRI	EMETER		illa A		state aryland
DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR Annay LLIAM REESE & SO	polis, Md. 214 ONS MORTUARY.	01 P.A.		256. DATE	N 26 983	A 250. REGISTR	AKS SIGNAL	she y's

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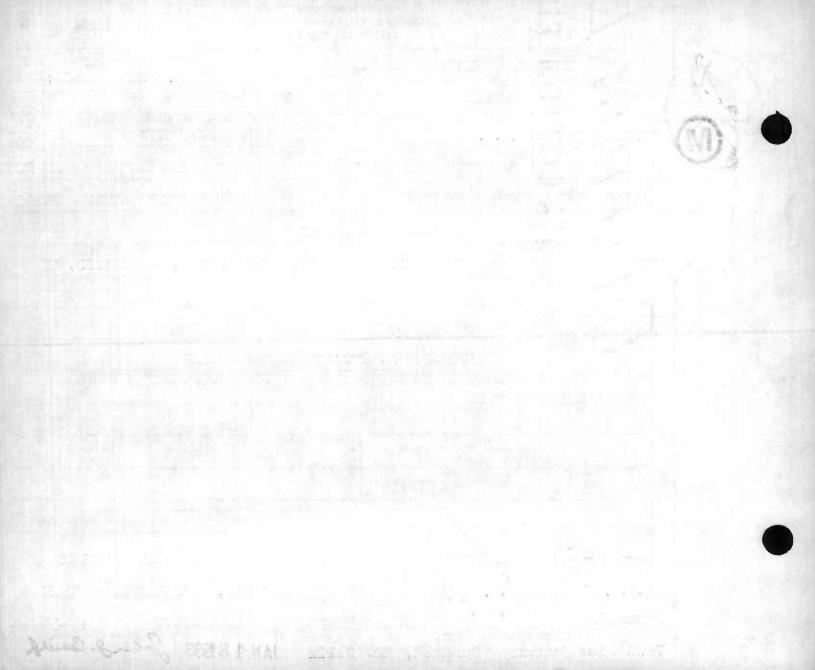
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DHMH - 16 50M 1/B1 (VRA 15, 4)

7922 Wise Avenue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



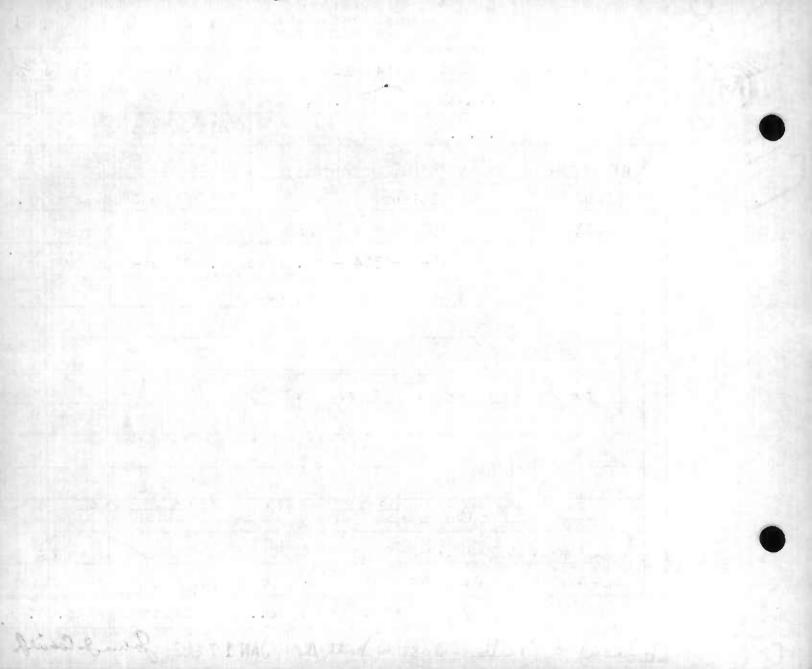
	DECEASED NAME	FIRST		WIDDLE		LAST	REG. N	MONTH DAY		2h HOUR
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7a.	Male BIRTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	1 4		9 BALTIMORE CITY C	YRS.	FDEATH	
2	N.C.			SA	MARRIE	ED NEVER MARRIED DIVORCED	-	ORE CITY		
10	BALTIMORE	EATH	11. NAME OF		NG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C INDUSTRY	F BUSINE
5 45	AL RESIDENCE (IF N STATE MD	URSING HOME OR	OTHER INSTITUTION UTY	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Baltimo	VN	13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	130 STREET ADDRESS 1300 E.	Lanvale	St.	2121
14.1	FATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			
)	Bryant			Horton		Polly	Ann		LAS	3 -2
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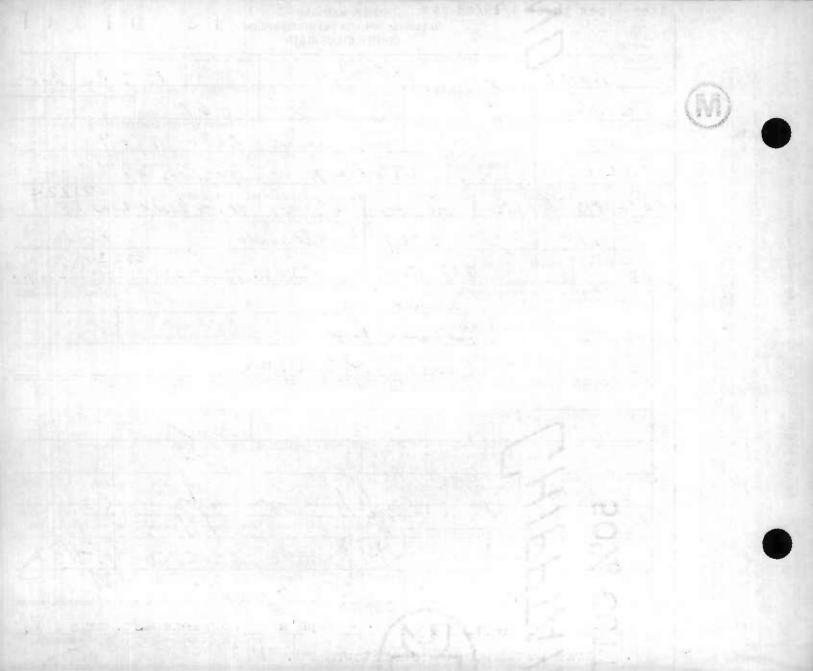
DHMH - 16 50M 1/81 (VRA 15, 4)

regord H. Wightlaw The state of the s

	1 -	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.							
DECEASED NAME FIRST (TYPE OR PRINT)			MIDDLE		AST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR				
	-(IYPE	MARY	Tyler	: How	ELL	16	IN 13 83 52	PM		
M	3. SE	Fenale	4 RACE	5-DATE O	pt.19, 1892	6 AGE (IN YEARS LAST BIR		MIN		
On the Ba		RTHPLACE ISTATE OR FOREIGN TYLAND	76 CITIZEN OF WHAT	COUNTRY? B MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore city				
10 September 1999	BAKINORE		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PROVIDENT HOSPITAL			126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWITE HOME				
MARYLAND 2120 ed after 24 lights ond 2 thould be the	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY)	NOTHER INSTITUTION, GIVE RENTY	SIDENCE BEFORE ADMISSION) ITY OR IOWN ALTIMORE	138 INSIDE CITY LIMITS?	130 STREET ADDRESS GW	ynns Falls Pkwy	r .		
	14 FA	Basil		lyler	15. MOTHER'S MAIDEN NA Mary	MIDDLE	Monroe			
BALTIMORE, cate be executable by system and capers. Pages val. 11, the medical	16a V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE NO		ocial security no. 2-48-4324	-Mrs. Ali	ce H.Walla	Falls Pkw ace-3035 Gwynns	/y •		
: 4 4 9 5 9	31	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	DBY. R =	SPIPATOR	4 FAILURE	J 1 1 1 7 7	APPROXIMATE INTERVA BETWEEN ONSET AND DE	ATH		
PRESTON ST he death certi he attending p emove carbon mation, or ren		5860 IMMEDIA		CONSEQUENCE OF	of the core					
W to see the state of the state		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A	CONSEQUENCE OF				14		
20 es		PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110			
RD see see the see see see see see see see see see s	O	RENAL	FAILURE	· HEARY	FAILURE					
LI RECC	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH;	?		
OF VITA CIAN: Th physicic physicic ol-transit and Hygin sem 18 sh		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		IRY MONTH DAY YEAR 19	21c. HOW INJURY OCCUR		RY IN ITEM 18, PART 1 OR PART 2)			
DIVISION OF VITAL RECORDS, DING PHYSICIAN; The law requir or attending physician. After this certificate has been sig e as the burial-transit permit. Then alth and Mental Hygene prior to b marked or Item 18 shaws any injury	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJ		21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE	E		
TTENDI pital or TOR: A for use of Heal		220.1 certify that (I) (this hospi saw the deceased alive on	1-13	1983	17-	to 1-13	that (1) (we ate and haur and from the causes state	,		
OR he hor he cochec achec		gbaye, (I) (we) (did) (did not) view the body offer death. 22N SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR P								
TO HOSPITAL retained by the TO FUNERAL should be detined the State with the State IMPORTANT.		22d PHYSICIAN'S NAME (TYPE OR PRINT) ANTON CO S. RAVIDA MO. PROVIDENT HOSPIPA								
PP	23a B	URIAL CREMATION, REMOVAL	²³⁶ 1718/83	23% NAME OF C Saint	emetery or crematory Thomas Cem	Randaris	stown Balto .Co.	Md		
DHMH - 16 60M 1/75 (VR A 15 (4))	24 FL	INERAL DIRECTOR NAME LE .	rutter -	3035 W.	with Aug. 250. DAT	e rec'd. By registrar AN 17 1983	25b. REDISTRAN'S SIGNATURE	R		

STATE OF MARYLAND





in signed by the ottending physicion and completely filled in by the funeral Then please remove carbon papers. Pages 1 and 2 should be filled within 72

injury, or other troumotic event, th

MPORTANT, If hem 21 is marked or

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

E	8	3	0	1	0	4	6
		REG. NO.					

1	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG.	0	1 (1 4 2		
	ECEASED NAME FIRST	20 DATE OF DEATH		AY YEAR	26 HOUR						
110	Ne ORPRINT)	January 13, 1983									
3 SE	X	4 RACE			OF BIRTH	6 AGE (IN YEARS LAST B	HRTHDAY)	IF UNDER I YEAR			
	Female	Whit	te	Aug	üst 16, 1913	69	YRS.	ONTHS DATS	MOURS MIN.		
Ince	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH			
1	aryland	US	SA	MARRIED NEVER MARRIED WIDOWED DIVORCED			Baltimore City				
	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION		12b. KIND C	12b. KIND OF BUSINESS OR		
	Baltimore			eight	s Avenue 21211	1 Hand Sewer		Book Binding			
13a	JAL RESIDENCE (IF NURSING HOME STATE 13b. CO		GIVE RESIDENCE BEFORE 13c. CITY OR JOW Baltimo	N	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 3838 Ro		venue :	21211		
14. F	ATHER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN NA			LA			
		ny R. Lit			Nellie	E. Mul	es	(A)	51		
	WAS DECEASED EVER IN U.S.		MED FORCES? 166 SOCIAL SECURITY NO		17 INFORMANT						
	no	GIVE WAR OR DATES)	218 18 4	1438	Betty J. Ray	1104 Rol	and He:	ights /	Ave. 212		
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse iol, stofing the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION	t conditions <u>c</u>	OR AS A CONSEQUE	DEATH BU	A de y des	SC.JE A. L. INAL DISEASE OR COI	20b. IF YES,	WERE FINDING CAUSES			
Ē						YES NO	YES		NO 🗌		
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PAI	RT 1 OR PART 2)			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI	NFR) P	.M.	19							
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY (REET, FACTORY, OFFICE, F	ARM, ETC }	211. LOCATION STREET	CITY OR I	OWN	COUNTY	STATE		
1	220.1 certify that (1) (this harphal) attended the deceased from 123 1983, to 13 1983, that (1) familiest sow the deceased alive on 13 1983, and that in (my) (and opinion death occurred on the date and hour and from the causes stated obove, (1) (me) (daid) (daid not) view the body after death.										
	226. SIGNATURE Journ & DEGREE M. D. ATTENDING X MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D										
	22d. PHYSICIAN'S NAME (TYPE) Dr. Louis		zer		22e ADDRESS /	rth Calvert	St.				
230	BURIAL, CREMATION, REMOV			NAME OF	CEMETERY OR CREMATORY	123d LOCATION	- 501				
1	(SPECIFY) Burial	1/17/				CITY OF TOWN	1982	COUNTY	STATE		
24 F	UNERAL DIRECTOR	1 1/1//	O) Lo	rrai	ne Park Cemete	FREC'D BY REGISTRA	RIZSHAFGISTE	ARSSIGNAT	Co. Md		
	urgee Funeral	Home 363	1 Falls F	beog	21211 JA	N 1 7 1983	John.	2.0	will		

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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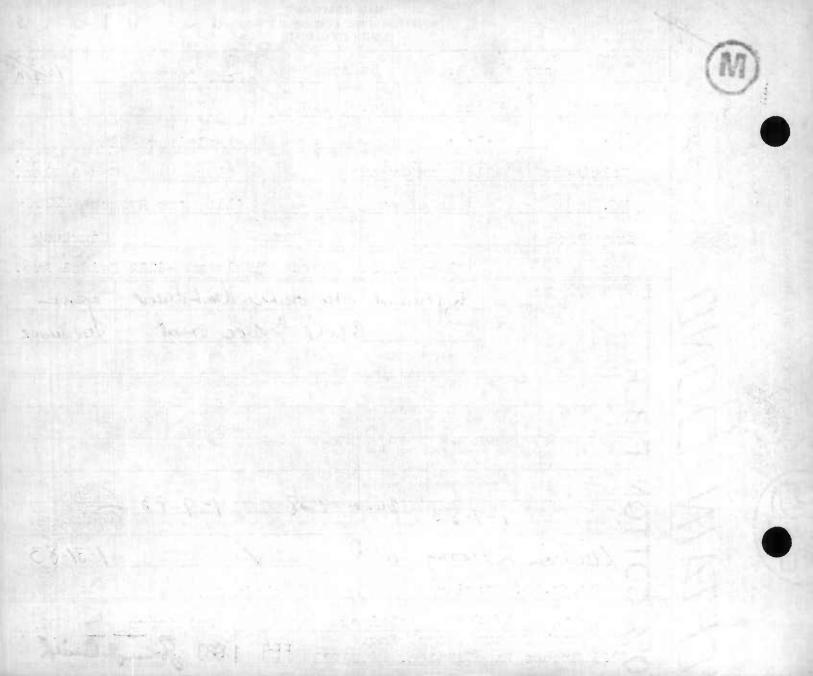
REGISTRAR					CERTIII	ICATE OF L	LAIN	REC	. NO.					
ď	1. DECEASED NAME FIRST (TYPE OR PRINT) Mary		WIDDLE			LAST		2a. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR	7		
			E 1 3 1 1 1	A. H		ludson		Jan. 29 1983		100m				
	3. SE)	X	14	RACE		5. DATE C	OF BIRTH		Jan. 2		IF UNDER I YEAR	IF UNDER LYEAR JE UNDER 24 HRS		
		Female		Whit	е	Aug.	DAY	08 YEAR	74	YRS	MONTHS DAYS	HOURS MIN.	-	
	70. B1	RTHPLACE (STATE O	R FOREIGN 7	CITIZEN OF W	HAT COUNTR	Y? 8.			9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH		_	
5	Md.			U.S.A.			D NEVER	VORCED	Balt.	imore	City	City MD.		
2	10. CI	TY OR TOWN OF DE	EATH 1	NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)				ITUTION	12a USUAL OCCU	PATION		CFIRE		
1		Baltin		4116	Avenu	e		Clerk)		Elec.			
d	130 S	AL RESIDENCE (IF NUI	13b COUNT		3t. CITY OR TO		13d INSIDE C	ITY LIMITS?	13e. STREET ADDRE	SS				
>		Md.	-			imore	YESX	NO 🗌	4116 M		enue	21206		
	14. FA	THER'S NAME		DDLE	LAST	Maria	15. MOTHER'S	MAIDEN NAM						
0		Harry P		TASI			Alverta				Courtney			
		VAS DECEASED EVE	R IN U.S. ARM		66 SOCIAL SE	CURITY NO.	17 INFORMA	NT	AL	DRESS			_	
	()	no or unknown)	(IF YES, GIVE	WAR OR DATES)	212-0	5-2932	Robe	rta Wi	nkleman	-4222	Seide	el Ave.		
		18 CAUSE OF DEA	TH Enter only	one couse per li	ne for Iol, (b)	and (ci.)	30-	1 0	11.	1	BETWEEN	MATE INTERVAL	=	
		PART I. DEATH	MAS CAUSED		bulche	und	maco l	lower	, West	alder	42	m-		
r		4029 DUE TO, OR AS A CONSEQUENCE OF G. O' N. A C. A. J.												
		Conditions, if any, which (b) Conditions, if any, which												
		gove rise to immediate								1		_		
		underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF												
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											=	
	Z	FART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
	CERTIFICATION	19a DATE OF OPERATION 19b		19b. CONDITI	196. CONDITION FOR WHICH OPERATION WAS PE			RMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDINGS USED			
1	F								IN CERTIFYING CAUSES OF I			OF DEATH?		
Н	ERT	21a. ACCIDENT WAS UP	21h TIME OF	TID. TIME OF INJURY			ILIRY OCCURR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
3		OR CONTRIBUTING	CAUSE OF DEATH	110110 1 11	MONTH	DAY YEAR		ZONI OCCONN	ED TEINTER HATORE OF	NAJOKA NA NEM 10	ART TORTHREE			
	MEDICAL	(IF EITHER NOTIFY MED		P.M.		19	211 1 2 5 1 7 1	561						
	MED	21d. INJURY OCCUI	VHILE	(AT HOME STREE	T FACTORY OFFIC	E FARM ETC)	211. LOCATIO)N	CITY	OR TOWN	COUNTY	STATE		
		AT WORK AT W	ORK C			1	10	20		0/2				
		220 I certify that (1) attended the		-	2 17.	- B		-10		that (I) (we) los	1	
		sow the deceo obove, (1) (we)	sed olive on (did) (did not)	view the body at	ter death	, or	d that in (my)	(our) opinion d	leath accurred on t	ie date and hai	or and from the	couses stated		
		22b. SIGNATURE -	11	40.		700	DEGREE				22c. DATE	SIGNED	_	
		Ur	llean	-6 ye	my	1011		PHYSICIAN [MEDICAL DIRECTOR PH	STAFF YSICIAN [1-3	1-83		
		22d PHYSICIAN'S N	AME (TYPE OR	PRINT			22e ADDRES	S					_	
		Dr.	.Wm. I	. Fear	ing		302	5 Bela	ir Rd.	Harris.				
		SURIAL, CREMATION		236 DATE		c. NAME OF C		REMATORY	23d LOCATION	N N	COUNTY	STATE		
		Bur	ial	2/2/8	3	Baltin	ore			timore		Md.		

FEB 1

DHMH - 16 50M 1/B1 (VRA 15, 4) 24 FUNERAS Chimunek Funeral Home, Inc.

3331 Brehms Lane, Balto. Md.21213

BP.

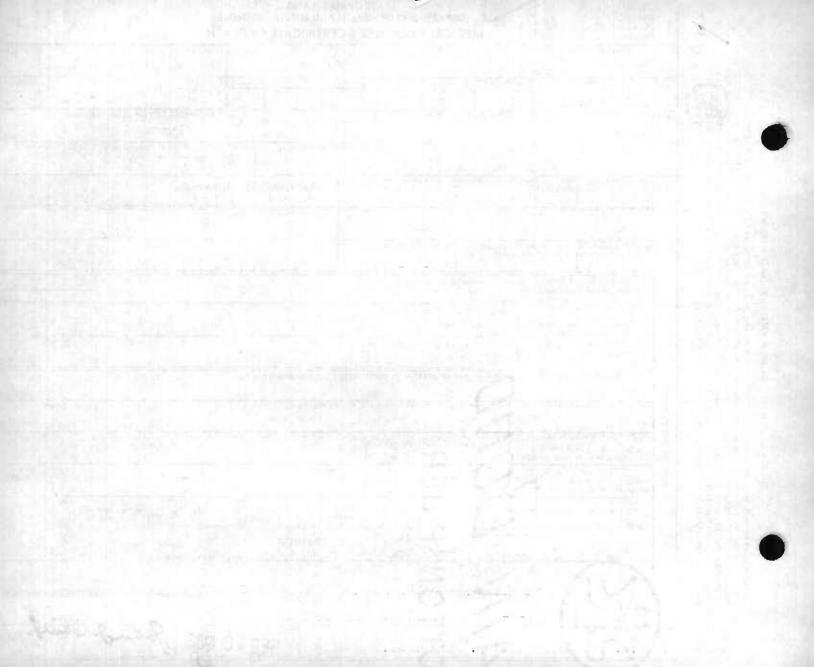


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771			OR			DEPART	MENT OF	HEALTH	AND M	ENTAL H	YGIENE	3	0	0 4	- 4
			TATE EGISTRAR		ME	DICAL	EXAMIN	IER'S	ERTIFI	CATEO	F DEATH	REG	NO.		
	T		EASED NAME	FIRST		MIDOLE		_	LAST		2a. I	DATE KNOWN	_	H DAY YEAR	26 HOUR
W		TYPE	OR PRINT)			C				Sr		OF ESTI-		2 0	
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\$0.00	- 1	SEA	1	RACE	5 DATE OF BIRTH	YEAR	LAST BIRTHE		DER I YR.	IF UNDER		DATE	MONTH	GAT TEAK	24 HOUR
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2011年		BIR	THPLACE ISTA	TE OR	76. CITIZEN OF W	HAT COUN	VTRY?	8. MARR	ED X NE	VER MARRI	9. B	ALTIMORE CIT	Y OR COU	NTY OF DEATH	1 5
25.55	131		ryland		U.S	Α		WIDOV		DIVORCE		altimor	a City	,	MD.
SI SI SI SI SI SI SI SI SI SI SI SI SI S			Y OR TOWN O	F DEATH	11. NAME OF HO	SPITAL, NL					120. USUAL	OCCUPATION	TYPE OF WORK	12b KIND OF B	USINESS
LAKES OTHER PAGE FILED	241	D	- I - 1 1 1 1 1 1 1 1 1 				STREET ACCORESS)					OF WORKING LIFE)		OR INDUS	
P. 21201 IF ANY DELA 2, AND 3 TO 3, RETAIN PA	3/ 4	ISUAI	altimor	EIN NURSING HOME	St. Ag	nes H	OSDITA	(40)			Stil	<u>lmaster</u>		Distill	
21201 AND 3 RETAI HOULD		3a. ST.		1131 COUN	ITY		YORTOWN	1014)	134 INSIDE		13e STREET			2122	
2120 AND RETA HOUL	The state of the s	M	aryland	How	ard	E1	kridge		YES 🗌	NO 🔀	6620	Washi	ngton	Blvd. Ap	t. D4
A	()	4. FA1	HER'S NAME		WIDDIE		LAST		15. MOTH	ER'S MAIDE	N NAME	MICICLE		LAST	
DEATH. GES 1, M PM AND 2	7 3/0		Clarenc		W.	H	irst			nna		Menke		Eirhar	t
TIMOR TER DE E PAGE FORM SES I AI	1	6a. W.	AS DECEASED	EVER IN U.S. AR	MED FORCES?		CIAL SECURI	Y NO.	17. INFOR		pt.D4	ADDR	RESS	21227	
LTIA PERSONAL PROPERTY OF PROP			, NO, OR UNKNOW		WAR OR GATES)	0.0	00 07 1	200	C		-	6620 1	Jachin	gton Blv	d
T., BALTI. UURS AFTI. 18. GIVE I. WITH PAGE		_	Yes		II		20-07-1	360	Jara	ah V,	nurst	002U V	vasiilii	APPROXIMA	
201 W. PRESTON ST., BALTIMORE, MD. UTED WITHIN 24 HOURS AFIER DEATH. IF IN PENCIL IN ITEM 18 GIVE PAGES 1. 2. EXAMINER ALONG WITH FORM PM. 3. EXAMINER ALONG WITH FORM PM. 3. AMERIKA LIVERIMIT PAGES AND 2.8). AMERIKA LIVERIMIT PAGES AND 2.8).	, I		18 CAUSE OF PARTIDEA	DEATH (Enter on TH WAS CAUSE	ly ane cause per line									BETWEEN ONS	ET AND DEATH
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STO N STO	20		407			AS A CO	NSEQUENCE	OF							
E E E E	REA L	- 1		, if any, which to immediate											
* YARA	200		cause (a) st	tating the <u>under</u> -		AS A CO	NSEQUENCE	OF							
201 W. PRI JTED WITH IN PENCIL EXAMINER IAL - TRAIL ALL	ξż		lying cause	e last.											
	35		PART 2 OTHER SIGN	HEICANT CONDITIONS	(CO)	BUT NOT BEI	ATEN IN THE TEN	MINAL DICEAS	E D. ONDILLID	N CIVEN IN SAS	Y 1				
A SOCIAL	1			Treat constitutions	CONTRIBUTION TO DEATH	BOI HOI KEE	ALED ID HIS TEN	MINAL DISEA:	E D'K CONDITIO	IN GIVEN IN FAX	1 1 (0)				
DIVISION OF VITAL RECORDS, S CRIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" PEDS TO THE CHIEF MEDICAL RES SHOULD BE CHEEP AS A BUS	₹8 —	CERTIFICATION	19a DATE OF C	DED ATION	Tin covin	71041500	WINCH ORE	24710111	A C DEDECT	244500				In the second	
HOULD RED "PE	± ₹	5	190 DATE OF C	PERATION	196. COND	HON FOR	WHICH OPE	KATION W	AS PERFOR	KMED?				2D. AUTOPSY	(?
¥ % % £ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	25	1												YES 🗀	NO X
PEN SE	N N N N N N N N N N N N N N N N N N N	8	210 EXTERNAL		21b. TIME O		DAY YEA	21c. H	OW INJURY	OCCURRE	O (ENTERNATUE	E OF INJURY IN ITE	M 18 PART T OR	PART 2)	
N SHOOT	\$ 35	3	UNDERLYING	G CAUSE OF			10								
DIVISION OF VITAL RI THIS CERTIFICATE SHOULD WARDED TO THE WORD "PR WARDED TO THE CHIEF PAGE 3 SHOULD BE USED.	X X	V L	21d INJURY OC	CURRED	21e PLACE	OF INJURY	(AT HOME,		CATION						
DIV RETINE	0.0	X	WHILE	NOT WHILE	STREET, FAC	TORY, FARM, I	ETC.)	300	STREET		CIT	YORTOWN	(COUNTY	STATE
FAX A	212,	ŀ	AT WORK	AT WORK				1		-					
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NE HOLE	= =		death resulted	from: Not	hospif X	Accing	10	neide	Hami	cide .	Undetermi	ned manner],		
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PAN PAN PAN PAN PAN PAN PAN PAN PAN PAN	Z Š		EXAMINER'S N	AME The	omas D. Si	nith.	M.D.	V	ADDRESS_	- 11	l Penn	St. B	alto.	MD.	
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P.	4 K	2- RII		ON, REMOVAL			NAME OF CE	AAETERY C							
	,	I SP	ECIFY)	O. T, REMOVAL							23d. LOCAT				STATE
BP			Burial NERAL DIRECT	00	01-05-83	5 M	eadowr			rark	Elkr:	Idge H	oward	Marylan	IG
DHMH -	17		NAME		AGORES			212					EGISTKAR'S	SIGNATURE	A
(VR A15 ME	(5))	Hul	bard F	uneral I	Home, Inc	410	7 Wilk	ens A	ve.	JAN	5 198	00 /0	any	to well	K
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AND THE BOX OF SEC. OF SE

4		FOR					AND MENTAL H	YGIENE:	3	n i	0 4	-3
10		STATE REGISTRAR		MEI	DICAL EXAMI	NER'S C	ERTIFICATE C	F DEATH	REG. NO).		
		CEASED NAME	FIRST		MIDDLE		LAST	2a DAT	KNOWNXX		DAY YEAR	2b. HOUR
	(TYP	E OR PRINT)	NATI	TAIA		HUR	TE	OF DEAT	H MATED	1-30-	-83.	
	3. SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN		DER 1 YR. IF UNDER				DAY YEAR	2AHOUR
а	100			MONTH DAY	YEAR LAST BIRT	HDAY) MONTH		MIN. PRONO	UNCED	1-30-	-83	12:20
П	_	MALE RTHPLACE (ST	BLACK	8 7	1975 7	YRS.		0.0012	MORE CITY O			NA TON
A		RYLAND	ATE OR				ED NEVER MARR	IFD V VI	_	_	OF DEATH	
>				us		WIDOW			timore			MD
0	MATCI	TY OR TOWN		LIE NOT IN SUCH FA	PITAL, NURSING HO	5)		12a USUAL OCC		OF WORK	OR INDUST	
7	26	Baltim	ore	Good Sa	maritan H	öspita	L	STUDE	41			
					E RESIDENCE BEFORE ADMI		Las meios eiza cilias	13e. STREET ADD	DECC			
◁	400	RVIAND	13b. COUN	41 T	BALTIMORE		134. INSIDE CITY LIMITS?		NORTHWI	CK DOM	D 212	10
4		THER'S NAME			LDALITIMUKI		IS MOTHER'S MAIDE		WKIIWI	CK_KUP	WZ1Z	1.2
1		FIRST		MIDDLE	LAST		FIRST		MIDDLE	TAUTO	LAST	
9	14 14	CURTIS		WED 500 0500	HURTE 1166. SOCIAL SECUE	OLA VELO	ALICE 17. INFORMANT		ADDRESS	JONES)	_
		S, NO, OR UNKNO	EVER IN U.S. AR	WAR OR DATES)								
		NO			216-94-3	190	CURTIS H	URTE 1	613 NOR	THWICK	ROAD	1271
1				ly ane cause per line	far (a), (b), and (c).)					100	APPROXIMATE BETWEEN ONSE	
	See	PARTIDE	ATH WAS CAUSE	TE CAUSE (a) Gang	grene	935		5 6	11.038			
ALION, OR REMICADE.	7-1	560	2		AS A CONSEQUENC	E OF					1000	
			is, if any, which		lvulus							
8			e to immediate stating the under-		AS A CONSEQUENC	E OE						
		lying cau		1 502 10, OK	AO A CONSCOUNT					300		
	110	A	WALLE AND COMPANY	(c)								
	7	PARI Z DINEK SI	SHIFTCANT CONDITIONS	CONTRIBUTING TO DEATH	BUT MOT KETATED TO THE L	ERMINAL DISEASI	OR CONDITION GIVEN IN PA	RT 1 (a).				
	MEDICAL CERTIFICATION	19a, DATE OF	OPERATION	Tree consen		50.7.0.1	10.05050011500					
	\S	190. DATE OF	OPERATION	196. CONDI	TION FOR WHICH OP	ERATION W	AS PERFORMED?				20 AUTOPSY	
	E										YES XX	NO 🗌
	W.	210 EXTERNA UNDERLYING	L CAUSE WAS	11b. TIME OF	- INJURY MONTH DAY YE		OW INJURY OCCURRE	D LENTER NATURE OF	INJURY IN ITEM 18 P	PART 1 OR PART 2)	
>	SAL	CONTRIBUTING	NG CAUSE OF									
	EDIC	21d. INJURY C	CCURRED	21e PLACE C			CATION					
	\$	AT WORK	NOT WHILE [SIREET, PACT	TORY, FARM, ETC.)		INCEI	CITY OR	IOWN	COUNT	4	STATE
	J.						sy X. Inspectio					-
				ge of the remains des	cribed abave, held ar	-				d in my apini	an	
1		death resulte	ed fram. Natu	ral causes XX,	Accident,	Suicide	, Hamicide	Undetermined	manner,			
		ACTUAL	01.		1 . W	11,	TITLE (SPECIFY)			DATE		
		ACTUAL SIGNATURE.	04/0	More	are me	W_W	Assistant	MEDICAL EX	AMINER	SIGNED.	1-30-8	3
-		EVAMINED:	NIAME	0	•							
2		(TYPE OR PRI		garita A	Koroll M	d	ADDRESS111	Penn St	eet		123.47	
	23a. B	URIAL, CREMA	ION, REMOVAL	236 DATE	23c. NAME OF C					core		
	F	URTAL		2-5-83	HURTE 1	FAMILY	CEMETERY	23d. LOCATION CITY OR TOWN		VIRG	GINIA .	TATE
		UNERAL DIREC	TOR				25e. DATE	REC'D. BY REGIST	RAR 25 GEGU			A
	2	NAME I	PHTIITPS	1721 NORESS	MONROF ST		N.	R 1 0 198	3 100	mo		

20M 4/82



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

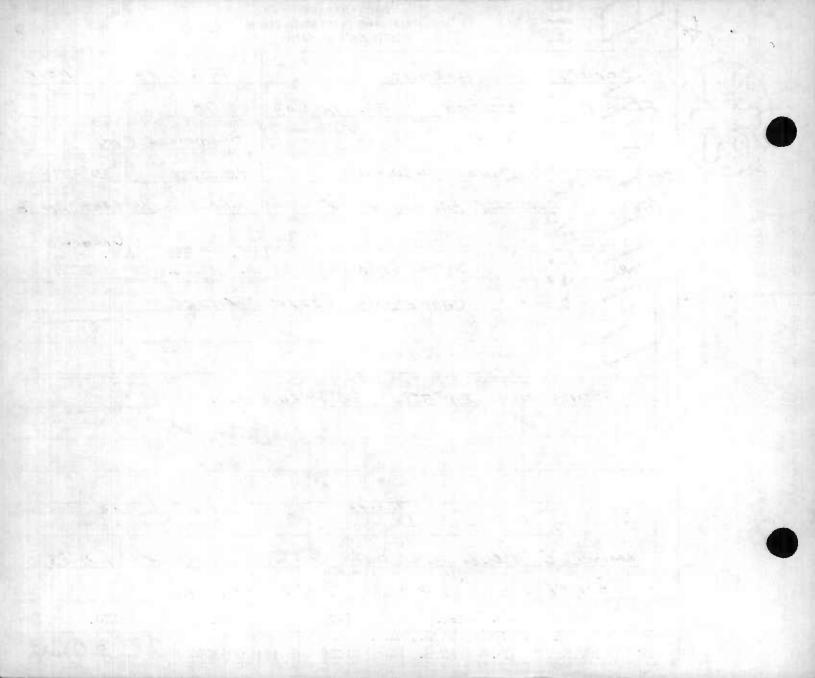
	REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.	9 1	
	CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
	SOPHIA		HURNI	72		1-2	1 - 8=	3	1:55 P.M
3. SE		4 RACE WH	ITE	5 DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	FEMALE	XXXXX	*XXXXXX	ADC		79	YRS	MONINS BATS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
1	AUSTRIA	454	1	WIDOWE		BALTIN	1026	CITY	MD
70. CI	OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	BOOKKEEP	RON WORKING	12b. KIND O	F BUSINESS OR
BA	W. XXXXX	DIN		PITS	1L	RXXXXXX	-	LAUN	IDRY
75U/ 13a S	AL RESIDENCE (IF NURSING HON STATE 136 C	LE OR OTHER INSTITUTION. DUNTY	GIVE RESIDENCE BEFORE		13d. INSIDE 21TY LIMITS?	13e STREET ADDRES	5		#21215
1	no x	XXXXXXXXX	BALTIA	noRE	YES NO	4004	FORD.	S LANE	Apt TE
14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		IAS	
	BERNAR	D	FINK		KATIE			- 1	owN
	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT DAVI		KIZ	APT. T-	В
	NO		215-03	-6212	A 4004 FORDS	LA. BALT	O., MI	D 21	215
NC	D	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GI	VEN IN PART 110	
CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N'WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
TIFE		0				YES NO		IFYING CAUSES	OF DEATH?
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STA	OF INJURY REET, FACTORY, OFFICE F	ARM ETC }	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	220 1 certify that (I) (this h	4 5 1		1- 3-		, to			hat (I) (we) last
	sow the deceased alive above, (1) (we) (did) (did	on 1- 21	19	20	, 19_ ad that in (my) (our) opinion		dote and ha		
	sow the deceased alive	on 1- 21	19	3, or	DEGREE ATTENDING	death occurred on the	AFF	22c. DATE	SIGNED
	sow the deceased alive above, (1) (we) (did) (did 22h SIGNATURE	on 1- 21	19	3, or	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the	AFF	22c. DATE	couses stated
	sow the deceased alive above, (1) (we) (did) (did	d not) view the body	otter death. 19 d	3 .or	DEGREE ATTENDING	death occurred on the	AFF	22c. DATE	SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD

21215



injury, or other troumatic event,

IMPORTANT: If Item 21 is marked ar Item 18 shows ony

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 3

0104

2		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.		
		ASED NAME FIRST	Doris MIDDLE	W. ///	AST Hutchings	20. DATE OF DEATH	MONTH DAY		2b HOUR
	3 SEX	Vori	<u> </u>	Itale	chings	6 AGE (IN YEARS LAST BI	0/ 20		1115AM
			4. RACE	5. DATE C				UNDER I YEAR	HOURS MIN.
5	100	nale	White	4	6 1920	62	YRS		
5	7a. BIRT	HPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIE WIDOWE	DIVORCED	Baltimore city of Baltimor			MD
/	₂ I	Baltimore	11. NAME OF HOSPITAL, NOT IN SUCH FACILITY, G Baltimor	e City 1	or other institution for spital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Salesm	OF WORKING LIFE)	126 KIND O INDUSTRY May	Co.
3	Md.	Tall	TY . IBC. GITY	OR TOWN TMAN		Box 126	(2167	(6)	
9	II. FATI	HER'S NAME FIRST A	Rol.	Tette	Mabel	WIDDLE		Tylei	C
2	16a WA	AS DECEASED EVER IN U.S. ARA		09-4461	Merl Hutch	nings (sa		13e)	
	F	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. ART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c)	nseouence of	NOT RELATED TO THE TERMI	inal Disease or con	UDITION GIVEN	IN PART 1:0	
1	CERTIFICATION	0. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	NG CAUSES	
	CAL	10. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	1 OR PART 2)	-
	-	MHILE NOT WHILE I WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY		21f LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
		20.1 certify that (1) (this haspit sow the deceased alive an		, or	nd that in (my) (aur) apinion a	, to death occurred on the d			that (I) (we) last couses stated
	2	18 SIGNATURE	Thelust		ATTENDING PHYSICIAN	MEDICAL STA		224 DATE	SIGNED
/		2d. PHYSICIAN'S NAME LIVE OF	T. Schre	Le-	Balls City	14089.401	5, Ba	1/0,0	Hol
	Cre	RIAL, CREMATION, REMOVAL	1/21/83		ew Mem.	23d. TOCATION CITY OF TOWN	Ba	ltimo	ore Md.
	TO A CLIM	IEDAL DIRECTOR	TO WAY	1 / / /	05 0 475	PECIN DU DECICEDAD	slace againer.		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

George J. Gome F.H. 4001 Ritchie Hgwy.

E REC'D. BY REG

STRAR'S SIGNATURE



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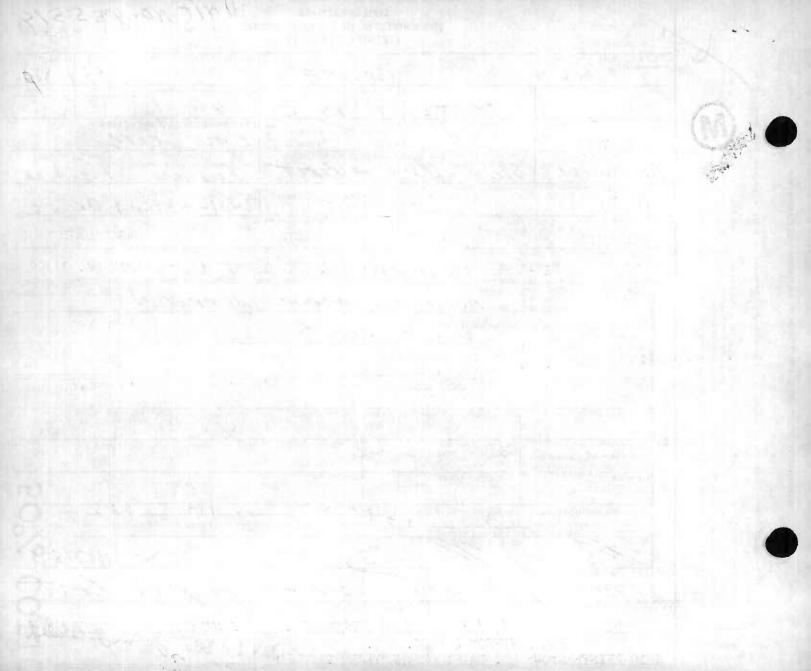
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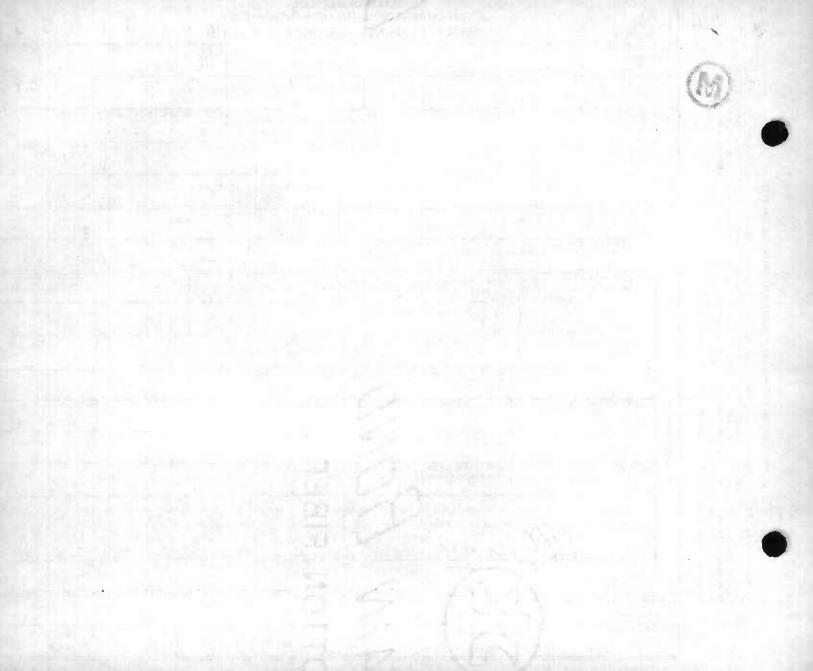
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 26. DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-HYER HYLER . DEATH MATED SUBER DELIA 2d. HOUR SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE 88 BIRTHDAY 8:56 PRONOUNCED -6 - 8312 1894 Female. Black DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED South Carolina USA WIDOWED X DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFF! LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Lanvale Street 13. SIREE ADDRESS 2401 W. Lanvale Street 2/2/6 Baltimore 13d INSIDE CITY LIMITS? Maryfand 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Martha MIDDLE MIDDLE Suber Jim Thomas 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION N/A Ernest C. Long 79 Pling St. Hartford, Conn No 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Arteriosclerotic cardiovascular disease DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to DED TO THE C.SED AS SANDOUD BE USED AS SHOULD BE USED AS SHOWN OF HEAD AND TO BURNAL, C. 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NOXIX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY AT WORK Inspection PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALLIMORE, MARYLAND, 226. I certify that I taak charge of the remains described above, held an Autapsy and in my apinion Hamicide Undetermined manner death resulted from TITLE (SPECIFY) DATE 1-6-83 Assistant EXAMINER'S NAME Penn Street (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial 1/8/83 Arbutus, Maryland Arbutus Memorial Park REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** Wm. C. March Funeral Home, Inc./1101 E. North Ave (VR A15 ME (5)

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1/12	FC				DEPARTMENT O	FHEALTH	AND MENTAL I	HYGIENE	1	/\ I	1 19 14	
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Ser.	Jo	hn		MUDEL	Ison		Eliza		WIDDIE	MC	Duff	
160	. WA	S DECEASED EV	ER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECUI	RITY NO.	17. INFORMANT	TIVE E	ADDRES			
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	1.0	PART I DEATH	WAS CAUSED	BY: Hyp	ertensive	and A	terioscle	rotic			BETWEEN ONSE	T AND DEATH
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-		JRIAL		1/20/83	Mount	Zion	Cem.	Balt	imore		Co	Ма
24		ERAL DIRECTOR	?	ADDRESS			250. DATE	REC'D. BY REGIST	RAR WEREG	GISTRAR'S SK	GNATURE)
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FOR STATE

STATE OF MARYLAND	
PARTMENT OF HEALTH AND MENT	AL H
CEDTIFICATE OF DEAT	u

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Burgee Funeral Home 3631 Falls Road 21211

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(TYPE	CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	HINOM	DAY	YEAR	2b HOUR
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3. SE		4 RACE		5. DATE O		6. AGE (IN YEARS LAS		IF UN	DER I YEAR	IF UNDER 24 HRS
3	male	white		Mar	ch 7, 1886	96	YF	MONTH S.	DAYS	HOURS MIN.
e: 81	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED K	9 BALTIMORE CIT			DEATH	
-	Maryland	USA		WIDOWE		Baltim	ore C	ity		M
201	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUP			N. KIND O	F BUSINESS OF
	altimore	Mary	land Gene	ral H	ospital	Plaster				ruction
13a. S	AL RESIDENCE (IF NURSING HO. STATE Md.	ME OR OTHER INSTITUTION OUNTY	Baltimo		13d. INSIDE CITY LIMITS?	13e. STREET ADDRES		Stree	et 2	1211
4. FA	Thomas A.	MIDDLE Isaac	LAST		IS. MOTHER'S MAIDEN NAME FIRST Mary	E. Lille			LAS	,τ
	VAS DECEASED EVER IN U.S	S. ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	AD	DRESS			
,	no	S, ONE WAR ON BATES!	217 07 3	797A	Edna Fisher	Same				3463
	18. CAUSE OF DEATH (Ent.		r line far (o), (b), and	d (c).)					BETWEEN	MATÉ INTERVAL ONSET AND DEATH
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TIFICATION	gove rise to immediat cause (o), stating th underlying couse los	DUE TO, CO.	PR AS A CONSEQUE Bladder ONTRIBUTING TO D	Trac	ruction	INAL DISEASE OR CO	20b. IF	YES, WE	RE FINDIN	NGS USED OF DEATH?
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DHMH - 16 50M 4/82 (VRA 15, 4) 24 FUNERAL DIRECTOR

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	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	HYGIENE O O	O i	J of dia
	1. DECEASED NAME FIRST	MIDDLE	LAST		ONTH DAY YEA	R 2b. HOUR
	(TYPE OR PRINT) STEP	HEN	JABLKOWSKI		01/23/83	8:07p
	1 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH		EAR IF UNDER 24 HRS
١	MALE	WHITE	11 30-1900	2 82	YRS.	
j	CONTRY! CONTRY!	76. CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED			
	10. CITY OR TOWN OF DEATH	11) NAME OF HOSPITAL NURS	WIDOWED DIVORCED			MD ND OF BUSINESS OR
	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUST	
5	USUAL RESIDENCE (IF NURSING HOMEO 130. STATE 13b. COU			5? 13. STREET ADDRESS	Phinorol	n) 37
1	ANOREW	TABLE TOUCH	SKI MOTHER'S MAIDEN	NAME	JABLA	Baski
,	160. WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIAL SECULE WAR OR DATES!	CURITY NO. 17. INFORMANT	TAKI KUNSKI	WASHIN	OUTH STORD ST
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (o), (b), o	ond (c).)		BEYW	PROXIMATE INTERVAL FEN ONSET AND DEATH
		ATE CAUSE (D) CAROLIS	c arrest		3	10 mins
	Conditions, if ony, which	DUE TO, OR AS A CONSEQ	ρ .			1 1 has
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSED	DUENCE OF			
			O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDI	ITION GIVEN IN PAR	T 1/01
1	2 Anterozeptal	l myorasolial,	interestin			
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		206. IF YES, WERE FIN IN CERTIFYING CAU YES [
-		HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART	(2)
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY	Y STATE
	sow the deceased alive a	n 323 19.		nion death occurred on the date	e ond hour and from	, that (I) (e) lost the couses stated
	226. SIGNATURE	18 Foul	DEGREE ATTENDIN PHYSICIA		~ /	123/83
	22d PHYSICIAN'S NAME (TYPE	E. FORD	Sohns &	typkin Hospita	se	
	23a BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	COLINITY	STATE

DHMH - 16 50M 4/B2

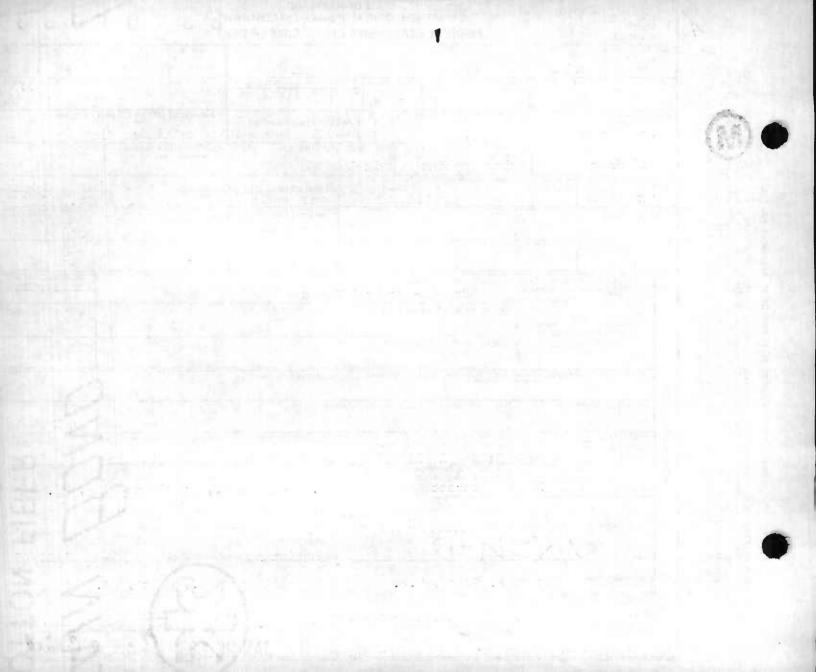
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24 FUNERAL DIRECTOR (VRA 15, 4)

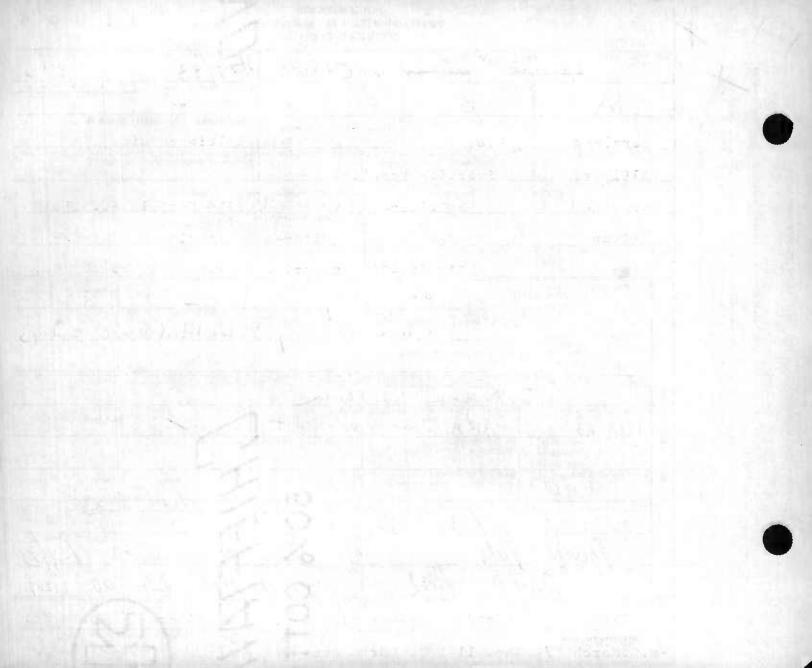
So. DATE REC'D. BY REGISTRAR'S SIGNATURE

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	STATE REGISTRAR			DEPARTMENT OF			1 2	DEC NO	UI	0 5	3
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3. SE	YPE OR PRINT)	Erica	E1a	aine	Jackso	on	0	TH MATED		19	
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fe	emale	Black	1 8	77 6 YI	RS. MONTHS DAYS	HOURS		EAD	1	19 19 83	PA
24"1	BIRTHPLACE (STATE OR	76. CITIZEN OF WH	AT COUNTRY?	8. MARRIED N	IEVER MARRIE	D X 9 BAL	TIMORE CITY OF	R COUNT	Y OF DEATH	
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D	Nelso	n	MIDOLE S.	Jackson	The second second	laine		WIDOLE		Medley	7
16a.	WAS DECEASE	ED EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECURIT		RMANT	in the same	ADDRESS		Heare	Υ
1	YES, NO, OR UNKN	OWN) (#YES, GIV	E WAR OR DATES)	N/A	Ela	ine Mo	Corgo	3029 E	Fee	deral (2+
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Н	PARTID	EATH WAS CAUSE		ranio-cereb	oral Injui	ry				BETWEEN ONSE	T AND DEATH
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17		ans, it any, which									
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	lying ca	ruse last.	(c)								
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ERT	216 EXTERN	IAL CAUSE WAS	21b. TIME OF	INJURY MONTH DAY YEAR	21c HOW INJUR	RY OCCURRED	(ENTER NATURE C	OF INJURY IN ITEM 18 P	ART I OR FAS	YES 🛣	NO 🗌
AL.	UNDERLYING	G OR									
4 4 9	21d. INJURY	-	21e PLACE O	FINJURY (ATHOME,	211 LOCATION	Lian St	ruck by	automol	pile		
1 ×		NOT WHILE		ORY, FARM, ETC.)	STREET			RTOWN		YTAU	STATE
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(VRA 15, 4)



X	1.	STATE REGISTRAR		DEPAR		ICATE OF DEATH	REG. N	0.	y p c
nay be page 3 rr death	1. DE	CEASED NAME FIRST	R	WIDDLE	JACKS	SON	JANUARY 4		26. HOUR 9:41 AM
ge 4 may	3. SE	x Male	4. RACE Cau		5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER MONTHS YRS.	R I YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
Page	7a 8	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	(2 8		9. BALTIMORE CITY C		ATH
n 72	Pl	nillipines	U.S.	Α.	WIDOW	D NEVER MARRIED DIVORCED	Balto.	City	W
offer of with		Balto.	UF NOT IN SUC	HOSPITAL, NURS THE FACILITY, GIVE STRE LTCh HO	ING HOME (OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION 12b. I DE WORKING LIFE) INDI	
4 hours	JUSU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION.	GIVE RESIDENCE BEFO	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	Merchant		
C E B E	14.5	Md. Ba	ilto.	Bal	to.	YES NO 🔀		tuxent F	Rd. 21220
amplete	2	FIRST	known	LAST		FIRST	unkno	wn	LAST
yecund co		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SEC		17. INFORMANT	ADDRI		
S. Po o		no		549-24	-9540	Dee D. Lie	rsemann 1		
ysicii oper ival.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per	line for (a), (b),	and (c).)	/004DDT41 THE	45077011	BE	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
on properties of the contract			TE CAUSE (a)	PROB/	ARLE W.	YOCARDIAL INF	ARCTION		
ratic		7 700	DUE TO, O	R AS A CONSEQ	UENCE OF				
deo atte ation raum		Conditions, if any, which	(b)_	CHRON.	IC OBS	TRUCTIVE PULM	ONARY DISEAS	SE	27-12-1-1-N
by the ase rem il, cremo		cause (a), stating the underlying cause lost.	DUE TO, O	RAS A CONSEQ PNEUMO	UENCE OF				
signed hen ple ta burio ijury, ar	N.	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN P	ART Ito
nas been permit. The prior	CERTIFICATION	19a. DATE OF OPERATION	19b COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	AUSES OF DEATH?
sicio ane h ansit hygie 3 sho	ER	210, ACCIDENT WAS UNDERLYING	7 21b. TIME C	F INJURY		21c. HOW INJURY OCCUR			NO D
phys rtifico al-tra ital Hy m 18	-	OR CONTRIBUTING CAUSE OF DE	4111	M. MONTH					10-1-1
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or Afr Se as so alth marl			itol) attended th	a deceased from	DECE	MBER 3 19 82	JANUAI	RY 4 19	83 that (Ix We) las
or of He of He		22a. I certify that (I) this hosp sow the deceased alive or above, (I) (w) y (did) (did no	JANUA	RY 4	83	nd that in (my) (our) pinion	death accurred on the d	ate and hour and fr	om the couses stated
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the etach te De T: If N		(/ll//lud	206	alel	1	ATTENDING PHYSICIAN [MEDICAL STA		
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retained by to FUNERAL should be der with the State		WALKER A IMPA	GLIATELL	.I, M.D.			CH HOSPITAL BROADWAY, B	AI TIMORE	MD 21231
5 5 4 ¥ ¥		BURIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
3P		Surial	1-6-8	2		Hill Cem.	Balto	. Balt	
MH - 16 50M 4/82	24. F	UNERAL DIRECTOR				25a. DA1	TE REC'D. BY REGISTRAR		
(VRA 15 4)	1	John C. Mille	r Inc	6415 T	Rolais	DA 1	AN 1 0 1083	4,	0 C A

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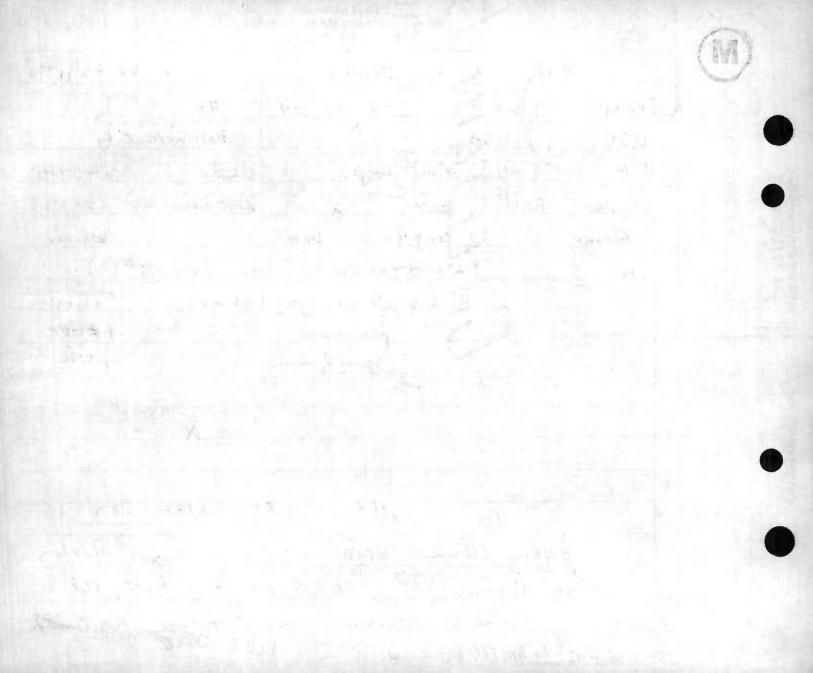
	1.	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.) 0 2 0
ge 3		CEASED NAME FIRST WILLE	MIDDLE P.	JACKSON Sr.	20. DATE OF DEATH MONTH	29183 6 10 M
de 4 mo	3 SE	Mole	1 RACE Negro	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
de de de de de de de de de de de de de d	ci	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNIDOWED DIVORCED	Balts in ore	•
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be execu an and c			MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 29-9-1	8-9668 Dorothy	P.Jackson 28:	Ave.
g physici anpaper emaval. event, th		PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), and D BY:	Exia - Cardio	pulmonary A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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that the		couse (a), stating the underlying cause last.		Carcinoma Prost	tothe - Strap D.	I Oct 1977
requires	TION			DEATH BUT NOT RELATED TO THE TERM		IVEN IN PART 110
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ING PHY r attendi	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F.	- 00	CITY OR TOWN	COUNTY STATE
ATTENDI aspital a CTOR: A d for use f. af Heal m 21 is m		saw the deceased alive on, above, (I) we) (did) (did na	al) ottended the deceased from		death accurred an the date and he	
TAL OR by the how the how the DIRE detached tate Depi		22h SIGNATURE	K. FED	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/36/83
ro HOSPIT. TO FUNER, should be d with the Sto		Leonand H	Flax, ma	8917 4.	benty Rd. Rd	ndallstown, my
BP		SPEBURIAL SPEBURIAL		NAME OF CEMETERY OR CREMATORY Mount Auburn Cer	77	COUNTY Md ATE
DHMH - 16 50M 1/81 (VRA 15, 4)		JNERAL DIRECTOR NAME .C.March F/H	Inc.1101 E.No	orth AVenue	EREC 1983 STRAND	The state of the s

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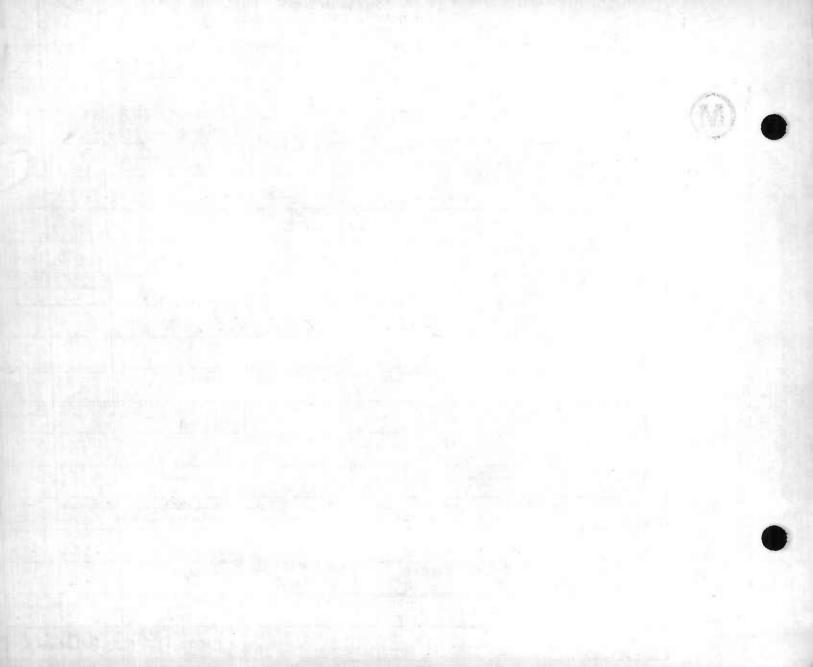
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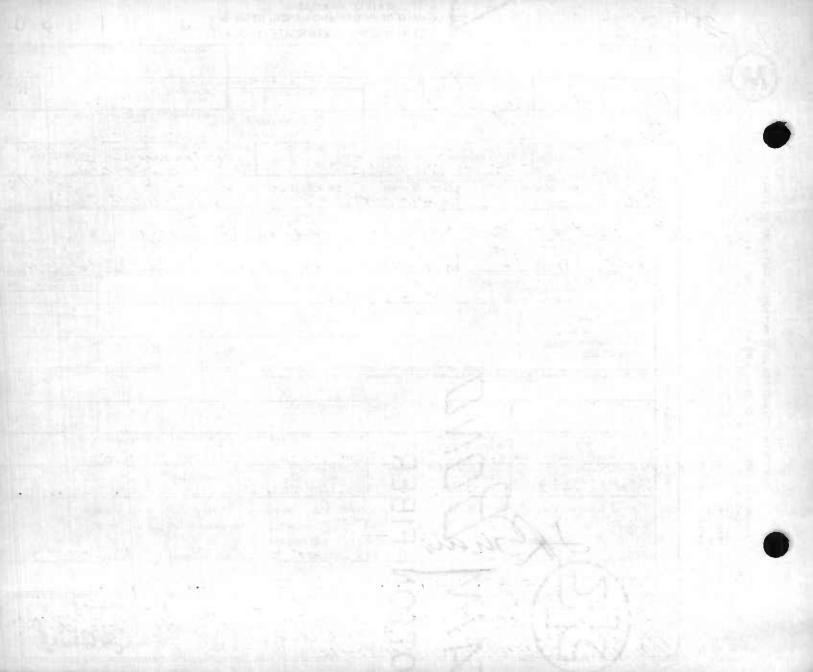
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	3. SE		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		
		Female	Black	k	MONT		76		AYS HOURS MIN
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5		Maryland	U.S	. A .	WIDOW	D NEVER MARRIEDXX	Baltimo	ore City	N
	_	ITY OR TOWN OF DEATH	11. NAME O	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126 KIN	D OF BUSINESS O
6	В	altimore	Melcho	or Nursing			laundress		RY
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5		Maryland	201411	Baltimo		13d. INSIDE CITY LIMITS?	301 Koy A	venue Balti	
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DE		unknown	MIDDLE	LAST		unknown	WIDDLE		LAST
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			GIVE WAR OR DATES)	214-74-6		Office On Ag	ing 301 W.	Preston Sti	ceet
	_	NO CAUGE OF PEATURE		*		office on tig	8		ROXIMATE INTERVAL EN ONSET AND DEATH
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		7280	DUE TO,	OR AS A CONSEQUE	NCE OF	La bal	1.1.		
		Conditions, if any, which gove rise to immediate	(b)_	(b) CONSISTER hem! Tolone					
		cause (a), stating the underlying cause fast	DUE TO,	OR AS A CONSEQUE	Test			- 23	
			((c)_		1.0/	19			
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	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIN	DINGS USED
2	IFIC						YES NOT	IN CERTIFYING CAUS	SES OF DEATH?
-	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		21c HOW INJURY OCCURR		YES	NO [
9		OR CONTRIBUTING CAUSE OF							
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE		P.M. OF INJURY	19	21f LOCATION			
	MEI	WHILE NOT WHILE		TREET, FACTORY, OFFICE, FA	RM, ETC.)	STREET	CITY OR TO	wn COUNTY	STATE
-		AT WORK LAT WORK				101			1.4
		220.1 certify that (I) (this he saw the deceased alive			2 2	18/ 19 8			_, that (i) (we) la
		abave, (1) (we) (did+(did	not) view the bod	y after death.		nd that in (my) (aux) opinion (searn accurred an the a		
		226. SIGNATURE	17 3	to no		DEGREE ATTENDING _	MEDICAL STA		ATE SIGNED
_		////	AMIN	7		PHYSICIAN =	DIRECTOR PHYSIC	IAN [16 18
		22d PHYSICIAN'S NAME (TY	NOK T	7		1205 ST	Parl ST	2120	2
	23o. E	SURIAL, CREMATION, REMOV	AL JIL DATE	23c. N.	AME OF C	EMETERY OR CREMATORY	23d LOCATION		
	1	BURIAL, CREMATION, REMOV	1/19/	83 Mot	unt Z	ion Cemetery	Baltimor	e Co.	⁵™d.
	24. FI	INERAL DIRECTOR		ADDRESS		250. DATE	REC'D. BY REGISTRAR	256 AGGISTRAR'S SIGN	ATHRE •
	W	n. C. March F/	H Inc. 1		rth A	venue TX	N 1 9 1982	bank	Cahrela
						1.17	11 7 0 1000		



n / 21	11.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENES	0 6 0
11 -	1	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
1		PE OR PRINT	MIDDLE LAST 20. DATE KNOWN (2) MONTH OF ESTI-	DAY YEAR 26 HOUR
m m 100 H		Leonard	Janiszewski OF ESTI DEATH MATED 1	19 19 83 M
(Marchage	1.58	4. RACE S. DATE C	OF BIRT 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH	DAY YEAR 24 HOUR 9:02
ZNZ	1/	MONTH	DAI YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	7.0
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VECESSA UNERAL FOR Y WITHIN	1	N COUNTRY]	MARRIED NEVER MARRIED	OFDEATH
	160	anaa. 9	A. C. WIDOWED DIVORCED Baltimore Cit	y MD.
SER SER	No.		E OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK T IN SUCH FACILITY, GIVE STREET ADDRESS)	RIND OF BUSINESS
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E, MD. 21201 ATH. IF ANY DEL S 1, 2, AND 3 TC ND 2 SFOULD BY WHALKECORDS		AL RESIDENCE (IF IN NURSING FOME OR OTHER INSTI	TITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE (ITY LIMITS? 136. STREET ADDRESS.	0 21040
ZIZ AN EGOETAN	4	md Har	PLEELING YES NO 60% Substitute	Stoins
MD. MD. M. 3.	N. F	ATHER'S NAME	IS MODHER'S MAIDEN NAME	CARLON
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MI HE DESCRIPTION OF THE PROPERTY OF THE PROPE	1/	ES NO. OR UNKNOWN) (IF YES GIVE WAR OF DATES	24/0/52 X 1- 1 4 A-10 2	10 Se
BALTIMA IRS AFTER 3. GIVE PA WITH FORE DIVISION		yes ININI	1914-012 216 preprise 11. Disce 12	Ja Jorca
: 500 ≥ 10	10	18 CAUSE OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY:		BETWEEN ONSET AND DEATH
		957/ IMMEDIATE CAUSE ((o) Multiple injuries	
			JE TO, OR AS A CONSEQUENCE OF	1 2 2 2 2 2 2 2
# 투달출산목품		Conditions, if any, which gave rise to immediate ((b).	To the second
× ××××××××××××××××××××××××××××××××××××		cause (a) stating the under-	JE TO, OR AS A CONSEQUENCE OF	
0 =77744/		lying couse last.	(c)	
AANI AATI		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
L RECORDS, UD DE EXEC FENDING: FOR DICAL EN A BUS HEATH AN	Z			
	H ĕ	190 DATE OF OPERATION 19h	b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
A SOPERIA	5			
S CERTIFICATE SHOWING THE WORD FRITING THE WORD FREE ST SHOULD BE USED FE DEPARTMENT OF HE FOR PRICE FOR THE PERFORMENT OF THE FOR THE PERFORMENT OF THE FOR T	CERTIFICATION	210 EXTERNAL CAUSE WAS 21b.	b. TIME OF INJURY 21c. HOW INJURY OCCURRED. LENTER NATURE OF INJURY IN ITEM 18 PART LORPA	YES NO
ISION OF RTIFICATI NG THE V D TO THE SHOULD PROPERTIVE		UNDERLYING OR HO	OURXX. MONTH DAY YEAR	
	MEDICAL	CONTRIBUTING CAUSE OF DEATH 8	3:09.M. 1 19 19 83 subject jumped from 3rd floor ba	lcony
S CERTIF RITING RDED TO SE 3 SHC	New Year		e PLACE OF INJURY (ATHOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CO	UNTY STATE
DIVISI THIS CERI WARDED PAGE 3 SI TATE DEP		AT WORK AT WORK X	Parking lot Holiday Inn, 3600 Pulaski Hywy.	Balto., Md.
ME T TE, J NRW PE ST D, 2		22a I certify that I took charge of the ren		
Z S Z E E A		death resulted from Natural	Naccident , Suicide X, Homicide , Undetermined monner .	Amon
RECONTRIBUTE OF SECONDARY		dedin resolved from	TITLE (SPECIFY)	
L DIR		ACTUAL O		1/20/83
SE SE	7	SIGNATURE	M.D. ABBISCATE MEDICAL EXAMINER SIGNE	D 1/20/03
CECUTE THE CERTIFICATE, TRECUTE THE CERTIFICATE, DECUTE THE CERTIFICATE, DETUNED BE FORWARD FIRE DEATH, WITH THE STALLIMORE, MARYLAND, 2	A	EXAMINER'S NAME Hormez	R. Guard, M.D. ADDRESS 111 Penn St., Balto, Md	
TO N EXEC PAGE A PFIE BALL	22		ADDITION .	
F-mg-F-400	730.	JURIAL, CREMATION, REMOVAL 236 DATE	230 NAME OF CEMETERY OR CREMATORY	71 1
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DHMH - 17	1%	AL DIKECTOR	July 150/ B. FOLK CHIEF RECO. BY REGISTRAN IN REGISTRANS	Calvell
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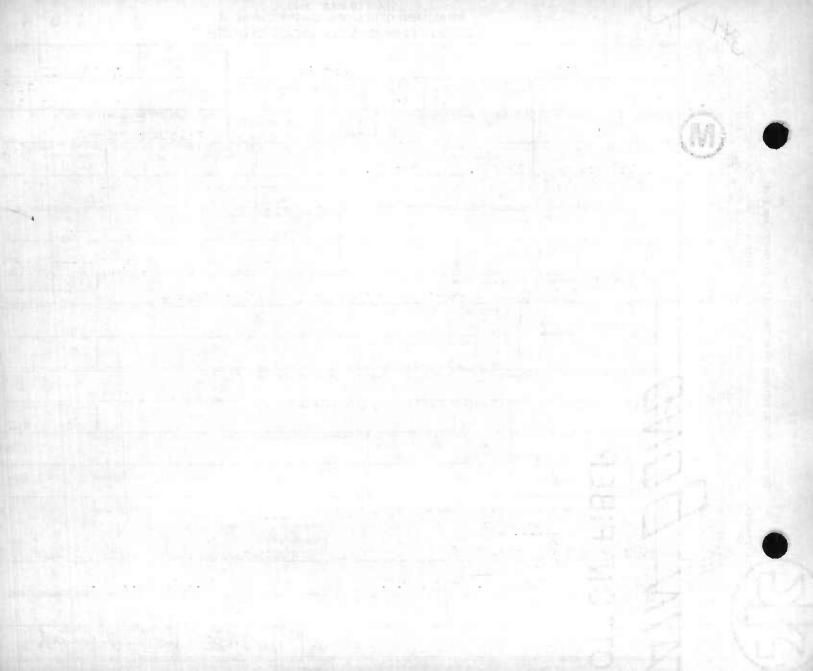
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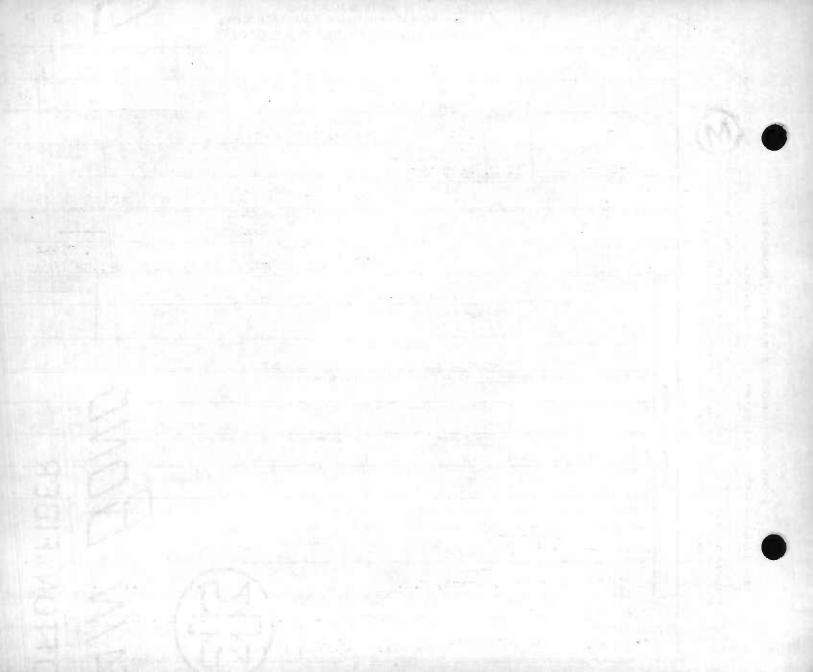
(VRA 15, 4)

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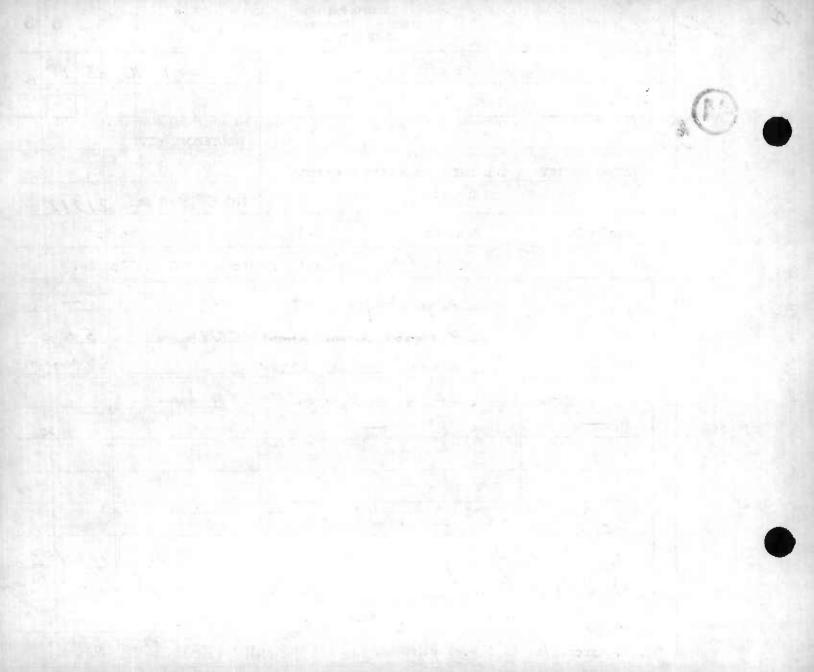
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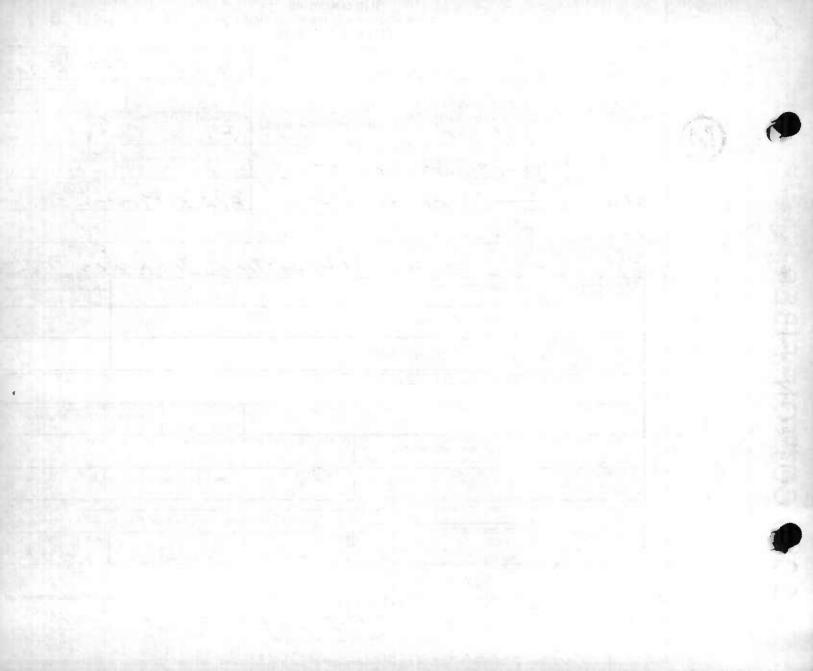


- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1	-	3-1-	1	FOR STATE		STATE OF MARYLAND NT OF HEALTH AND MENTAL H	rgiene 👸 🐧	01067
3		1	1	REGISTRAR		CERTIFICATE OF DEATH	REG. N	
	e 6.4	K		DR PRINT)	WIDDLE	LAST		MONTH DAY YEAR 26 HOUR
	moy be	/		KUGENG	JENRIA		Jan. 2.	J, JOS CIAM
	4 me	3	. SEX	1111-	RACE	DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
	oge		/ Inin	NIHLE /	UZGROID	Jan 26, 191	9 63	YRS.
	4	1 6	1016	THPLACE ISTATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	N BALTIMORE CITY O	OR COUNTY OF DEATH
	9 11	11	D CIT	Y OR TOWN OF DEATH . 11	NAME OF HOSPITAL NURSING	WIDOWED DIVORCED	120. USUAL OCCUPATI	ION ISE KIND OF BUSINESS OR
	s offer	00	ō	Palto, City	(IF NOT IN SUCH FACILITY, GIVE STREET AD		(TYPE OF WORK FOR MOST O	
2120	hours A B B	121	UA I3a. S	L RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE AL	OMISSION)		217/07
W. PRESTON ST., BALTIMORE, MARYLAND 21201	24		1	Nd.	10.1.1	YES NO	822 E	Prestonst
RYL	within yeletely 4 d 2 sho	301	4. FA	THER'S NAME	DLE LAST	15 MOTHER'S MAIDEN N	MIDDLE	2 IAST
, W	executed and comp	12/		AUL JO AS DECEASED EVER IN U.S. ARME	D FORCES? 166. SOCIAL SECURI	TY NO. 17. INFORMANT	ADDRE	
ORE	e execu			(IF YES, GIVE WA	238 26 .			NUINGS Preston
WITI	0 0%	-					INE VE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
, BA	ico bys			18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	IY:	Cancer		BETWEEN ONSET AND DEATH
TS N	th certifinding p			1629 IMMEDIATE (Compains
STO	deoth ottendi			Conditions, if ony, which	DUE TO, OR AS A CONSEQUEN	CE OF		
PRE	y the deat y the otten se remove c cremation,			gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUEN	CE OF		
3	s that the death as ed by the attendin please remove corb riol, cremion, ar			underlying couse lost.	to	CE OF		
DIVISION OF VITAL RECORDS, 301	requires the		z	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TER	RMIN AL DISEASE OR CON	DITION GIVEN IN PART 1101
S	no. no. hos been permit. T	7	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
AL RE		7	FF				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
VII.	PHYSICIAN: The ending physicion this certificate he buriol-transit par Menal Hygien der teem 18 shown	()	E	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)
Ö	SICIA 19 pl riol-t		S	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
SIO	NDING PHYSICIAN: The Is also or ottending physicion. R: After this certificate hos use as the burial-transit per teath and Mental Hygiene is marked or team 18 shows		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	211. LOCATION STREET	CITY OR TOV	VN COUNTY STATE
ρίς	ING ING After os ti			AT WORK				
	ATTENDING spiral or off ECTOR: After of for use as t t. of Health a			22a.1 certify that (I) (this haspital)		and that in (my) (nur) aninin	n death accurred on the de	ote and hour and from the causes stated
-	OR ATTE OR ATTE DIRECTO oched for Dept. of them 21			sow the deceosed olive on obove, (I) (we) (did) (did not) v 22b. SIGNATURE	new the body ofter death.	DEGREE	in death occurred on the de	22t. DATE SIGNED
				PKonto	MO	ATTENDING PHYSICIAN	MEDICAL STAF	FF Invios
10	HOSPITAL bined by the FUNERAL bold be determined by the State	7		22d. PHYSICIAN'S NAME (TYPE OR PR	1.1.	22e. ADDRESS	DIRECTOR TITISIC	TANCE TO TO
	O HOSPITAL etained by II	/		P Konits	MD	Listheran	Hosp	
	of of short	2		URIAL, CREMATION REMOVAL	23b. DATE 23c. NA	ME OF CEMETERY OR CREMATORY	23d LOCATION	/ COUNTY / STATE
				Burlal	1-29-83 1	7. Huburn Co	m. Dal	76. md.
	DHMH-16 60M 1/73	2	4 FU	NERAL DIRECTOR	ADDRESS	4112 E. Presto	ATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
	(VR A 15 (4))		(alving.	cruggs Sr.	5× 5	N 24 1983	John or comings



1	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT	317	IENE & J	10	6 8
/	DECEASED NAME FIRST	MIDDLE	-726	AST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	Sylve 3 SEX	RACE	5. DATE C	nings		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	male	Black	MONTH 1		17	65 YRS.	MONTHS DAYS	HOURS MIN.
1	a BIRTHPLACE (STATE OR FOREIGN 76	L CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARR	IED 🗇	9. BALTIMORE CITY OR COUNT	OFDEATH	
0	Maryland	U.S.A.	WIDOWE			Baltimore Ci	tv.	MD
7	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING LIFE Johns Hopkins Hospital							F BUSINESS OR
5	Maryland		/N	13d. INSIDE CITY LI		13e. STREET ADDRESS 2028 Kennedy	Ave.2	21218
1	14. FATHER'S NAME FIRST Charles	gs	15. MOTHER'S MAI FIRST Ange		WIDDLE	LeVe		
	160 WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECU		17. INFORMANT	Tonk	ADDRESS Sins 606 Richw	un book	enue.
	18. CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED HIMMEDIATE Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	CAUSE (a)	ente ence of serten	int th	+. 0	cerdiovssubadio	~	MATE INTERVAL ONSEL AND DEATH ONSEL AND DEATH
	PART 2 OTHER SIGNIFICANT CO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T					S, WERE FINDIN	NGS USED
_	RTIFIC					YES NO Y	FYING CAUSES	OF DEATH?
7		HOUR A.M. MONTH DA	AY YEAR	शिर. HOW INJURY	OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM ETC }	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) (this hospital saw the deceosed alive on above, (1) (we) (did) (did nat)	12/17/82 19		19 (aur)		death occurred on the date and how		that (I) (we) last causes stated
	22b. SIGNATURE	-	manipulation to the c	DE GREE ATTEN	IDING	MEDICAL STAFF	22c. DATE	SIGNED

DHMH - 16 50M 4/82

BP.

should be detached with the State Dept. MPORTANT: H H

(VRA 15, 4)

BURIAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23a. BURIAL, CREMATION, REMOVAL

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY 1/181/83 Mount Calvary

22e ADDRESS

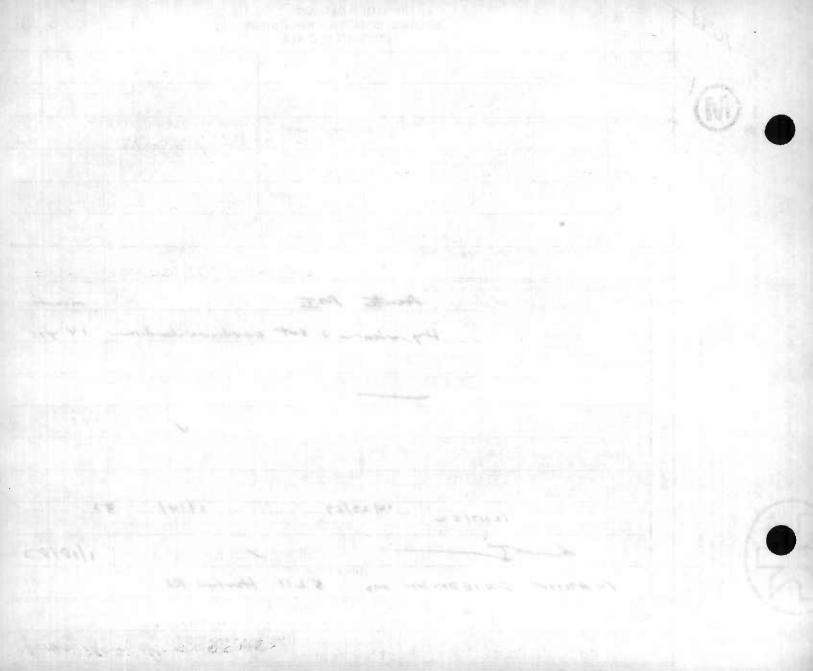
236. LOCATION CITY OR TOWN Cem Baltimore 250. DATE RE

COUNTY

STATE

Wm.C.March F/H Inc.1101 E.North Avenue

FRIEDMAN ,MD



ST	ATE	OF	MA	RYL	AND

PEB 1983 SIGNATURE

7	1.	FOR STATE REGISTRAR			EALTH AND MENTAL	HYGIENE & S	0 1	0 6	9
		CEASED NAME FIRST	SOPHIA FREDA	-4	4105	20. DATE OF DEATH	(25 8	75 8 15 8 15	
	1 SE	Female	white	S. DATE C	1114	_	Prinder IF UNDER MONTHS	DAYS HOURS	R 24 HRS MIN,
3		IRTHPLACE (STATE OF FOREIGN COUNTRY)	05 4	MARRIE		Baltimore city of	Co Fy	ATH	MD.
3	5	Sa Himore	South Bal	THOSE (SE	Presal Hos	120 USUAL OCCUPAT (1YPE OF WORK FOR MOST)	OF WORKING LIFE) INDI	KIND OF BUSIN USTRY HO!	
S	13a S			OR TOWN	134 INSIDE CITY LIMITS	944 Tac	kst,	21230	
0)	Sa Muel		LAST TIS	15. MOTHER'S MAIDEN	ENA MIDDLE	Ria	MAGG	10
		YES NO OR UNKNOWN) IF YES GIV	RMED FORCES? 166 SOC VE WAR OR DATES) 218	IO7670A	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	NATHAN HARRY 3837 MENL		ALTO.,	MD
	NO	PART I. DEATH WAS CAUSE IMMEDIA 4280 Conditions, if ony, which gove rise to immediate couse to storing the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CO	ONSEQUENCE OF	HOCAT FU	a lore ERMINAL DISEASE OR CON	DITION GIVEN IN P		DUS
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USE AUSES OF DEA NO [TH?
57	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE OT WHILE AT WORK AT WORK		NTH DAY YEAR 19	216 HOW INJURY OCC	CURRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR P	PART 2)	STATE
		22a.1 certify that (1) this haspi saw the deceased alive on abave, (1) (w) (did) (did no		19 <u>83</u> , or	d that in (my) Gur opin DEGREE ATTENDIN PHYSICIAI	oion death occurred on the d	ote and hour and live	5, that (I) om the causes st . DATE SIGNED	State of the last
		P.H.	OOKE		22e. ADDRESS 500 (2	over St	Ba (+	6
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	JAN 26 198		EMETERY OR CREMATO	RY 23d LOCATION CITY OF TOWN BALTIMOR	e MA	RYLAND	STATE

21215

5 1983 CHIZUK & BROS., INC. BALTO., MD

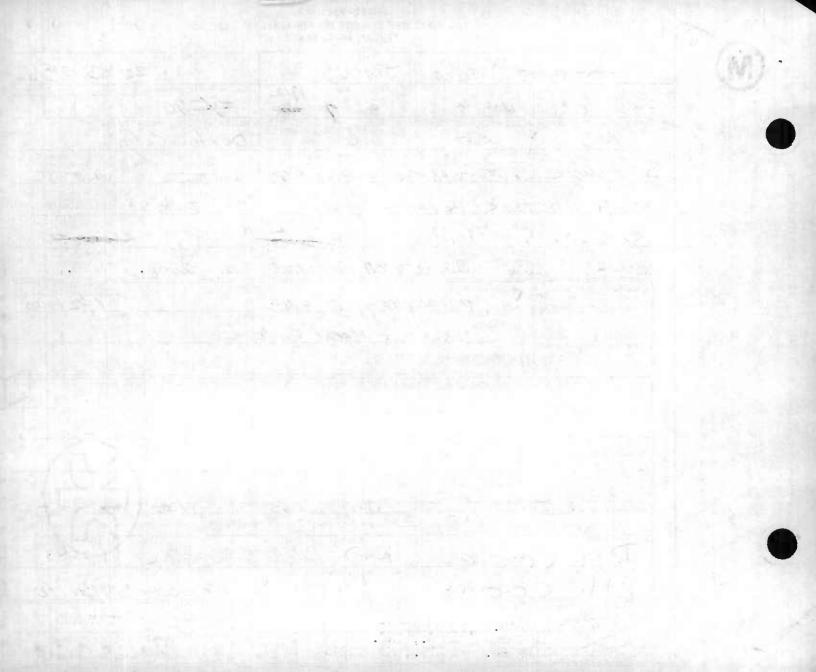
DHMH - 16 50M 1/81 (VRA 15, 4)

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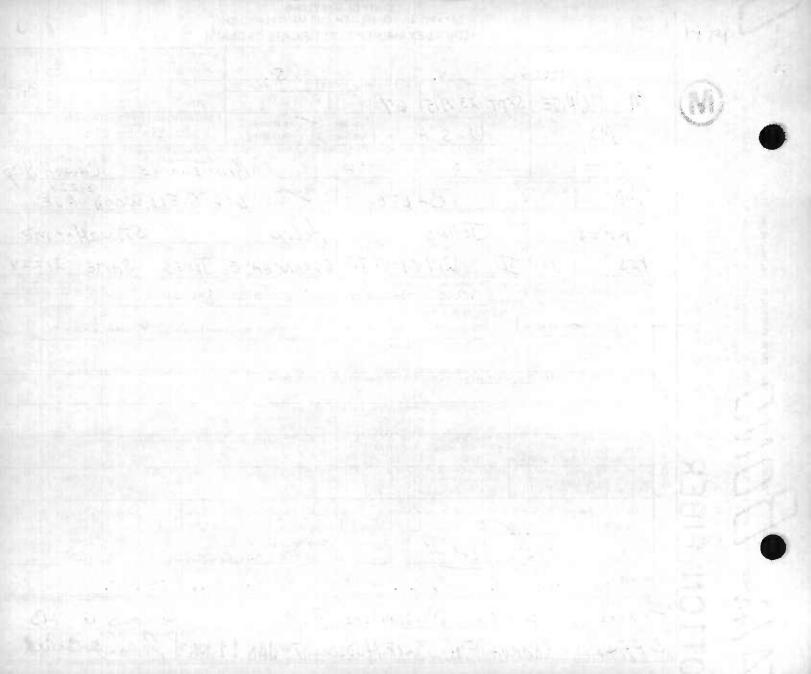
should be detoched for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or remaval

IMPORTANT: If Item 21 is

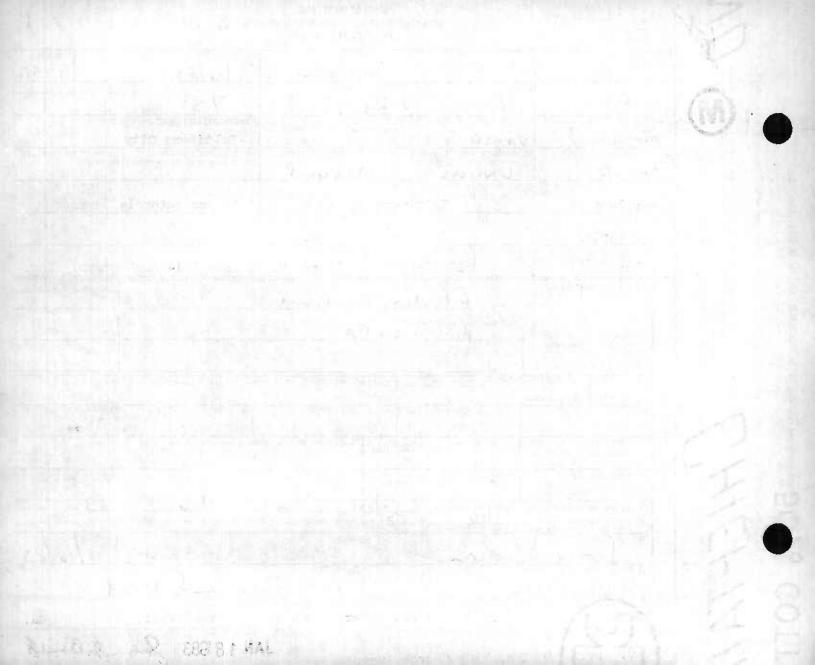
UNERAL DIRECTOR SOL LEVINSON 6010 REISTERSTOWN RD.



113	FOR	DEPARTMENT	OF HEALTH AND MENTAL	L HYGIENE	01070
MT	- STATE REGISTRAR	MEDICAL EXAM	INER'S CERTIFICATE	OF DEATH REG.	NO.
	DECEASED NAME FIRST	WIDDIE	LAST	2a. DATE KNOWN	MONTH DAY YEAR 26. HOUR
(8)	TYPE OR PRINT)		- · · · · · · · · · · ·	OF ESTI- DEATH MATED	
3.5	Willi SEX [4. RACE	S. DATE OF BIRTH 6. AGE	Johns Jr	DER 24 HRS. 2c. DATE	MONTH DAY YEAR 26 HOUR
/SA	M 11111300	SEPT. 23 7915 6	RTHDAY) MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	1 9 $_{19}83$ $_{\Lambda}^{3:52}$
1/20/	STRTHPLACE (STATE OR	7b. CITIZEN OF WHAT COUNTRY?	YRS.	9 BALTIMORE CIT	Y OR COUNTY OF DEATH
36	FOREIGN COUNTRY	U.S.A.	MARRIED NEVER MA	RRIED Dolti	more City
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H		IZO USUAL OCCUPATION	MD.
Z	Control of the Contro	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS HOUSE Baltimore City H	ESS)	R MOST OF WORKING LIFE)	OR INDUSTRY !
Fic	Baltimore	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD		MIFIN/ENANC	E CHURCH 1103P
	. STATE 13b. COUL	NTY HOTON	VN 13d INSIDE CITY HIMITS	1 13e STREET ADDRESS	21224
	יטוין	I SALT	O, YES NO	10-0-1	WOOD AVE.
7. 14.	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MA	IDEN NAME	LAST .
14	MAMES	JOHNS	HELEN		STINCHCOMB
160	(YES, NO. OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDR	
	YES W	WIL 217-01-	7872 ELCANO	PA E. JONES	SAME 21224
	18 CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b), and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- 1	PART I DEATH WAS CAUSE	Arterioscle	rotic Cardiovas	cular Disease	BETWEEN GROOT SIND DESIGN
	4295	DUE TO, OR AS A CONSEQUEN	ICE OF		
	Conditions, if ony, which				
	gove rise to immediat couse (a) stating the under		ACE OF		
MEDICAL CRETICION	lying couse lost.	DOL TO, ON NO HEOTISEGOE	·CE 01		
	PART 2 DANCE SIGNIFICANT CONDITION	(c)	TERMINAL DISTASS DR CONDITION CIVEN IN	DART 1	
2		CONTRIBUTION TO DESTRI SUI NOT RETAILED IN IN	CERMINAL DISCASE DE COUDITION GIVEN IN	YPAKI I IQ	
MEDICAL CERTIFICATION	190, DATE OF OPERATION	IN CONDITION FOR WHICH	OPERATION WAS PERFORMED?		70 AUTOPSY?
2.3	THE DATE OF OFERMANO.	The Condition of Willes	STERRITORY TO ASTERN OWNED.		
	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	Tale HOW BUILDY OCCU	DDED. ALLERO WATER OF BUILDING	YES NO X
7 3	UNDERLYING OR		YEAR THOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM	CIOPARI (ORPARI 2)
1 3	CONTRIBUTING CAUSE OF				
1 4	214 INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HO) STREET, FACTORY, FARM, ETC.)	AE, 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	AT WORK AT WORK				
	220. I certify that I took char	ge of the remains described above, held	on Autopsy , Inspec	ction , Inquiry ,	ond in my opinion
		urolkod Accident	Suicide . Homicide	Undetermined monner	7.
	dedin resolled from: Not	Accident	TITLE (SPECIFY		
	ACTUAL -	4 Juano		ant MEDICAL EXAMINER	DATE 1/10/83
カ	SIGNATURE	~	M.D. 110315C	MEDICAL EXAMINER	SIGNED 1/10/03
7-	EXAMINER'S NAME HO	rmez R. Guard, M.D.	111	Penn St., Balt	to. Md.
-			ADDRESS	123d LOCATION	
730	BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY
-	FUNERAL DIRECTOR	1-11-83 MEADO	WRIDGE PARK	TE REC'D. BY REGISTRAR 256 R	WIRD CO. MD.
24	NAME PUNECTOR	KARDA F.H. 321	2 4	AND THE RECISIRAR 250 K	A CALLET
1	4011MANN - J	KMRDA MH. OLL	LACOSON DIV.	JAN 1 1 198: 1	and a comment



Let	1.	FOR STATE REGISTRAR		DEP	PARTMENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEAT		NE 8 3	0	1 0	7 1
moy be		CEASED NAME FIRST BERNON	d	MIDDLE	7	ithson	2	DATE OF DEATH	MONTH D	AY YEAR	26. HOUR 9.45 PM
9e 4 mo)	3. SE	MALE	1. RACE BCA	CK	S. DATE C		AR 7	AGE (IN YEARS LAST BIRT	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS
deoth. Po	Di	RTHPLACE (STATE OR FOREIGN COUNTRY)	VN ITE	D STK	TE WIDOWE			Bal timor	e City		MD
by the filed	P	ACTO	I IF NOT IN SU	ICH FACILITY, GIVE	STREET ADDRESS)	Nay Land) I	20. USUAL OCCUPATION TYPE OF WORK FOR MOST OF		12b. KIND C INDUSTRY	OF BUSINESS OR
filled in		AL RESIDENCE (IF NURSING HOME STATE 13b. CO Maryland	OR OTHER INSTITUTION		e BEFORE ADMISSION) R TOWN 1 timore	13d. INSIDE CITY LIA		3e STREET ADDRESS 2814 Aucher	ntorol	_	217 ace
iote be executed within 24 hours sprice on completely filled in by ppers. Poges and 2 should be fill vol.	14. FA	THER'S NAME FIRST Charles	MIDDLE	Jo!	hnson	15. MOTHER'S MAIL FIRST Lula	DEN NAME	WIDDLE		LAS	¥.
n ond co		VAS DECEASED EVER IN U.S. YES, NO OF UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)		3-8650	Mildred	V. Jo	ohnson 281		entoro	ly Ter.
quires that the death certific signed by the ottending ph then please remove carbon pt to burial, cremation, or remonjury, or other traumatic even	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, C	DRAS A CON	SEQUENCE OF	NOT RELATED TO TH		al disease or cont	DITION GIVE	EN IN PART 10	0
The low re- icion. The how re- icion.	CERTIFICATION	190. DATE OF OPERATION			VHICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIFY YES	WERE FINDING CAUSES	NGS USED S OF DEATH? NO 🗌
G PHYSICIAN: The other order of the buriol-tronsit ond Mentol Hygie ked or Item 18 should be the other order or Item 18 should be or Item	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d, INJURY OCCURRED	DEATH HOUR A	P.M.	H DAY YEAR 19 DEFICE, FARM, ETC.)	211. LOCATION STREET	OCCURRE	O (ENTER NATURE OF INJUR		COUNTY	STATE
L OR ATTENDI the hospital or DIRECTOR: A toched for use bopt. of Heal		WMIE NOT WMIE 220.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did 22b. SIGN TURE	on 1/1	6	19 5 . 01	d that in (my) (our)	DING _	oth occurred on the do	FF _/	and from the	that (I) (we) lost couses stated
TO HOSPITAL retoined by the TO FUNERAL should be defit with the Store			74			22. ADDRESS	Gre	eene S	The	et	
BP		BURTAL, CREMATION, REMOV	23b. DATE 1/21/	83		teran Cem		23d LOCATION CHY OR TOWN Crowns		COUNTY	Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)		uneral director n. C. March F/	H Inc 1		orth Avo		JA	N 1 8 1983	Sola Sola	RAR'S SIGNAT	sail



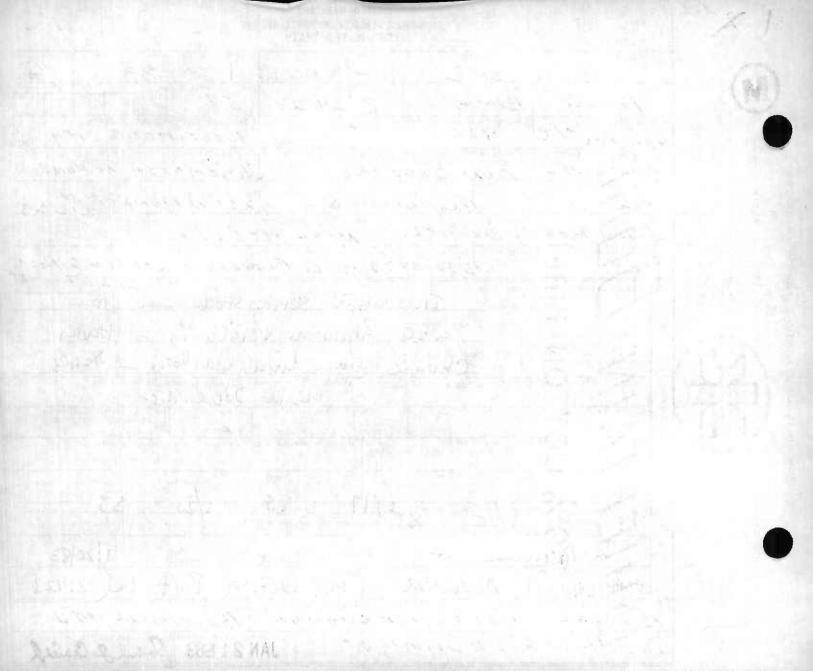
Wm. C. March F/H Inc. 1101 E. North Avenue

DHMH - 16 50M 4/82

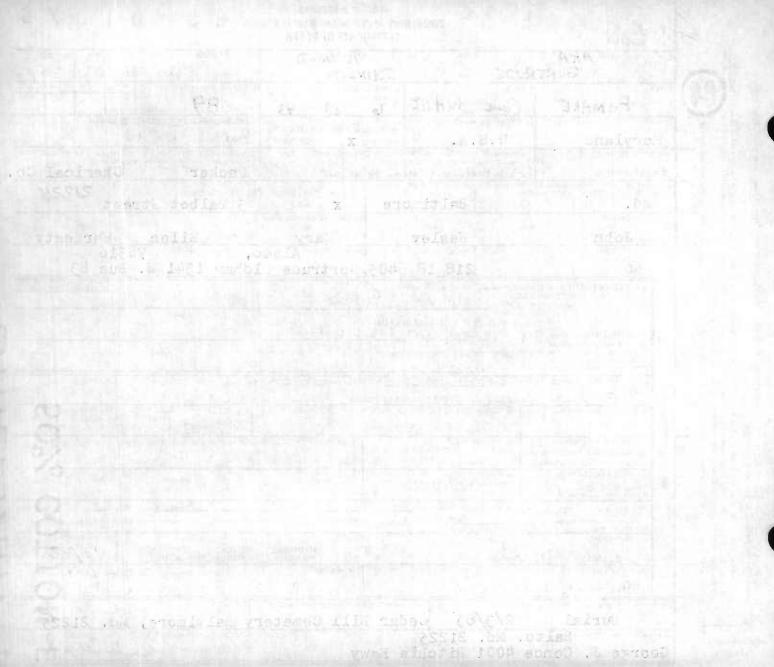
(VRA 15, 4)

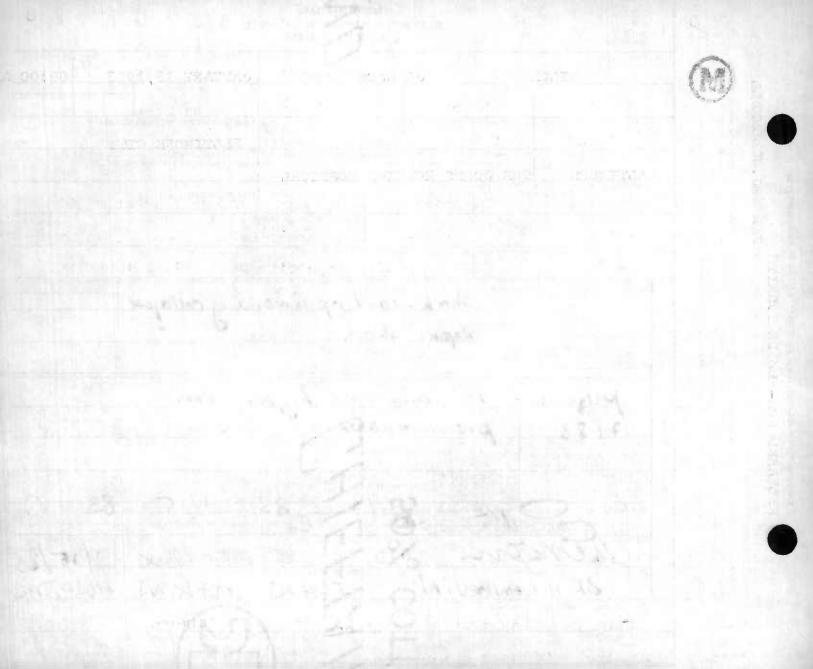
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feriosof ference !	na (vani) oko	according to	(data)	
N 28 1883 Jang. anisk	At'		Service To	

1		STATE OF MARYLAND
1-	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE S REG. NO.
	CEASED NAME FIRST	PIENE (SON) 20. DATE OF DEATH MONTH DAY YEAR 126. HOUR
3. SE	FOMALE	1. RACE SOLD DATE OF BITH SEAR SAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HOURS MI
约八 ,	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH ON ON COUNTRY
padjitog 4	BALTIMUNG	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (I) TO SIN SUCH FACILITY, QUE STREET ADDRESS) 120. USUAL OCCUPATION (Type of Work for MOST OF WORKING LIFE) 12b. KIND OF BUSINESS (IV) 12b. KIND OF BUSINESS (IV) 12c. USUAL OCCUPATION (Type of Work for MOST OF WORKING LIFE) 12c. USUAL OCCUPATION (Type of Work for MOST OF WORKING LIFE) 12c. USUAL OCCUPATION (Type of Work for MOST OF WORKING LIFE) 12c. USUAL OCCUPATION (Type of Work for MOST OF WORKING LIFE)
13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 134. CITY OR TOWN 134. INSIDE CITY LIMITS? 134. STREET ADDRESS 23/ N MONROE 122 23/ N MONROE 122 23/ N MONROE 122 23/ N MONROE 122 24
300 -1	OHN HONK	MODIE DANNELS NEGET MEDANIEL LAST
		RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS VEWAR OR DATES) 13-30-0877 FTHE BASKENVILLE 1626N. GI/MO
notic event, the	PART I. DEATH WAS CAUSED	DUE TO OR AS A CONSEQUENCE OF I
or other froun	Conditions, if any, which gave rise to immediate cause [0], stating the underlying cause lost.	DUE TO, OR AS ACONSEQUENCE OF PEWERE WITH CIRCLE YEARS
any injury, or o	55.00	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
8 shows any injur	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 201 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M. 19
orked or frem	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITYOR TOWN COUNTY STATE
n 21 is me	sow the deceosed olive on abave, (I) (we) (did) (did not	at) view the bady after death.
ZT: If her	22b. SIGNATURE Mu	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 20 3
IMPORTAN	VANCELWO	F MUSURNE 1948 Belk ST Bear mel 21223
23a. 8	SURIAL, CREMATION, REMOVAL	1/24/83 MY AUDUNN BALVINGUNIV MD STATE
2/80	Wife Days	138 N G soften in SF. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE JAN 21 1983 John & Caniel



20M 4/B2





. Patapsco Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

SUCCESSION OF THE PROPERTY OF Server 1921/43 Color Hell Server Living Co. J. Co., also He will transact land It is believe we. FEB 19:000 It is I Carrie

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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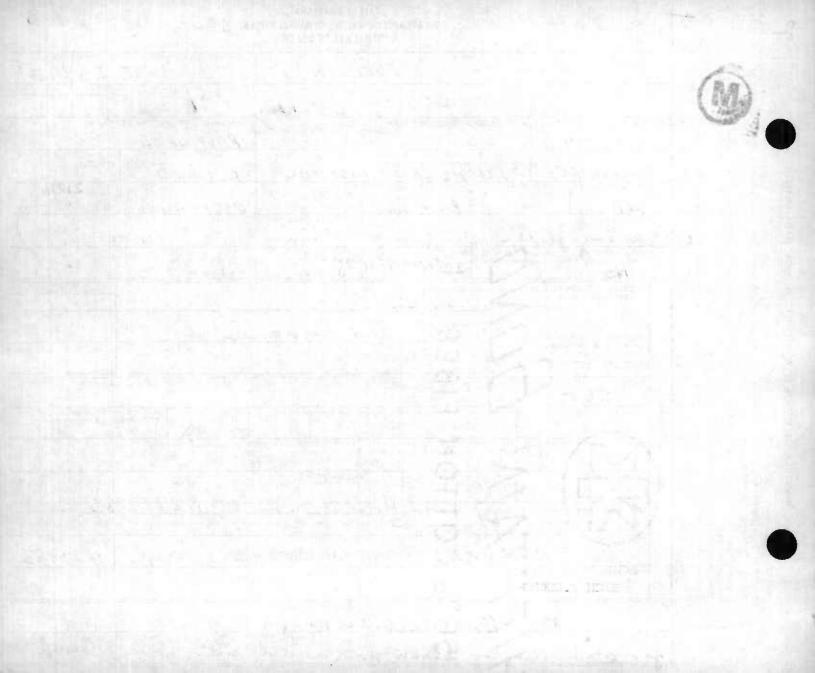
11		REGISTRAR		CERTIFICATE	OF DEATH	REG. NO	D.	
		CEASED NAME LETHI	A-MIDDLE	JOHNS &	N		1-27-2	83 4:25 PM
	3. SE	× F	BLACK.	5. DATE OF BIRTH	3 /2	6. AGE (IN YEARS LATE BIRT	HDAY) IF UNDER	RIYEAR IFUNDER 24 HRS DAYS HOURS MIN.
E	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY U.S.	Y? 8 MARRIED NI	EVER MARRIED DIVORCED	9 BALTIMORE CITY O		ATH MD.
16		BALTINORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)	PITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O	ON 12b. F WORKING LIFE) IND	KIND OF BUSINESS OR USTRY
35	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	0.4			130 STREET ADDRESS 280 RA		V. 5
300	1	ather's NAME FIRST ander a	lexander go	hor (THER'S MAIDEN NAM	AE MIDDLE	mosi	LAST
/ medico		WAS DECEASED FOR IN U.S. AR YES, NO OR UNKNOWN (IF YES, GIV	MED FORCES? VE WAR OR DATES) 166 SOCG L SEC	CURITY NO. 17 INFO	ormant	Law	ss Lvel	-
y, ar other troumotic event		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE TO TO IMMEDIA! Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (C. 1974)		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH				
ows ony injur	CERTIFICATION	190 DATE OF OPERATION		196. CONDITION FOR WHICH OPERATION WAS PERFORMED			206. IF YES, WERE	
d or them 18 st	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA OF CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	19 21f. LO	OW INJURY OCCURRE	ED (ENTER NATURE OF IN)UR		
21 is marke		22a I certify that (I) (this hospi saw the deceased alive an	tal) attended the deceased from	V2 /	19 82 1 (my) (our) opinion d	to 1/2 eoth accurred on the da	7 19 8 te and hour and from	, that (I) (we) lost om the causes stated
NT. # Item		226. SIGNATURE TA	uong	m, DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	F V	1/27/83
MPORTANT		BICH T. DUON	īG		DDRESS			
		BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c 2/2/83	NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNT	md - STATE

BP.

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

2222W

FEB 2 1983 Follow Signature



requires that the death certificate be executed within 24 hours after

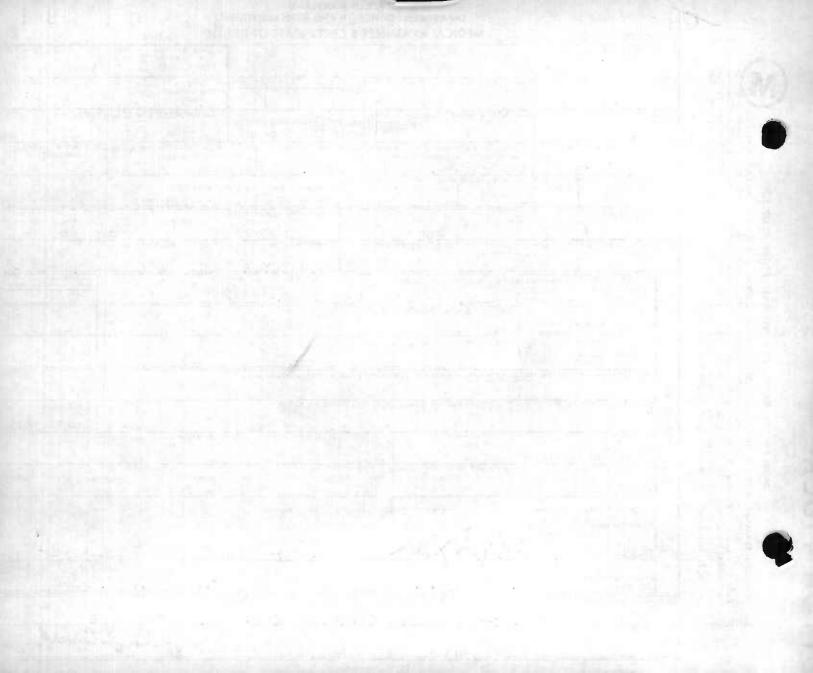
TO HOSPITAL SIX ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

8	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S J I I J / CERTIFICATE OF DEATH REG. NO.					
M		CEASED NAME FRST	E.	John	son	January	8 1983 26 HOUR 4:10 PM	
rs af	3 SE	x Female	Negro	S DATE C	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	F UNDER I YEAR F UNDER 24 MRS MONTHS DAYS HOURS MIN	
72 hour	Ja-BI C	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	U.S.A.	U.S.A. WIDOWE		Baltimore City		
by the fu	10 C	Baltimore	(IF NOT IN SUCH FACILITY, GIVE ST	11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH PACILITY, GIVE STREET ADDRESS) 2527 Oakley Ave.		12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b KIND OF BUSINESS OR INDUSTRY	
filled in	13a :	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU!	ROTHER INSTITUTION, GIVE RESIDENCE II NTY 13c. CITY OR 1 Balti	TOWN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 2527 Oakley	Avenue 21215	
1 and 2 should		Joseph	MDDLE Wilmo		Ruth	WIDDLE	Curtis	
Pages 1		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO	E WAR OR DATES)	7-0846	Edna Willi	amson/2527 C	21215 Oakley Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
r signed by the attending ten please remove carbor to burial, cremation, or to juiury, or other traums	N	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(6)	EOUENGE OF	INTO TO	mas or condition	2 months	
it permit. The griene prior 18 shows an	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WH	TICH OPERATIO		YES NO-	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO	
his certific rial-trans Mental Hy or Item	MEDICAL CE	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	118, PART LOR PART 2)	
After the surfith and firm and	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	1000	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE	
RECTOR I for use it. of Hea tem 21 is	d	saw the deceased alive an abave, (I) (we) (did) (did no	to attended the deceased from 1910 to	19.82 or		death accurred an the date and	have and from the causes stated	
ERAL DIR e detachec State Dep ANT: If I		225 SIGNATUR	1			MEDICAL STAFF DIRECTOR PHYSICIAN	Z1 21 A	
should be with the S			O. LAWOTIN		200 W. (OL)	SPRING LAN	IE, mb z 1210.	
- 0 > =		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	01/14/83	ARBUTU		BALTIMORE	Balto Ma.	
HMH-16 25M RA 15, 4) 1/79		uneral director	nes/4101 ED	MONDSC	NAME 250. DAI	AN 171983	Firar's signature	

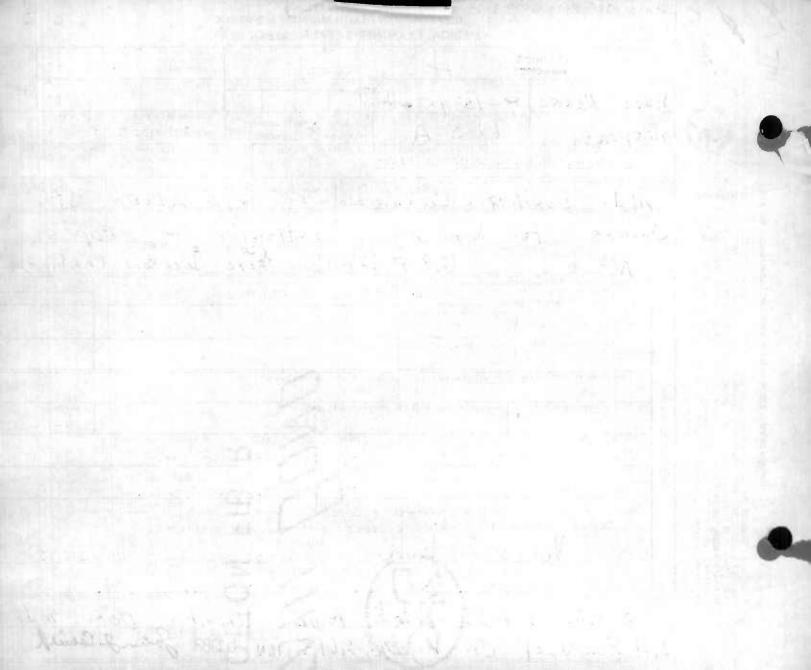
A TOTAL WAS TIME OF STATE OF S BEEGN July Derrick to BE HISLAND SMILES ON NULL DESIGNATION OF THE PROPERTY OF THE PROPER

1	FOR	1	DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE ,	0 1	US	U
1.	STATE REGISTRAR	MEI	DICAL EXAMIN	IER'S	CERTIFICATE C	OF DEATH	REG. NO.		
1. D	PECEASED NAME FIRST	D A	MIDDLE		LAST	20. DATE KN	HTHOM TH NWO	DAY YEAR	2b HOU
1 ")Ddn		r		Johnson	OF E	211-	15 19 83	
3. SE		5. DATE OF BIRTH	6. AGE (IN Y	ARS IF UP	DER 1 YR. IF UNDER		HINOM	DAY YEAR	2d HOL
m	ale Black	12 25	13 70 Y	. MOINT	HS DAYS HOURS	MIN PRONOUNCE DEAD	1	15 1983	12:2
70 E	SIRTHPLACE (STATE OR	76 CITIZEN OF WH		Ta.	IED NEVER MARR	9. BALTIMOR	E CITY OR COUN		
_	Carolina	U.S	7\	MARR			imore Ci	+.,	
	ITY OR TOWN OF DEATH		PITAL, NURSING HOM			12a USUAL OCCUPAT		126. KIND OF BU	
	Baltimore		CILITY, GIVE STREET ADDRESS) HOPKINS HOS	nita	1	FOR MOST OF WORKING	; LIFE)	OR INDUST	RY
	AL RESIDENCE (IF IN NURSING HOM	OR OTHER INSTITUTION, GR	VE RESIDENCE BEFORE ADMISS		. 544 114				
	STATE 136 COU	NTY	Baltimo	~~	13d. INSIDE CITY LIMITS? YES TO 1	1808 N.	Chastar	C+ 21	212
	ATHER'S NAME		1 parcino	re	7.		nester	50.21	213
2	FIRST	MIDDLE	LAST		15. MOTHER'S MAIDE	MIDDL		LAST .	
160	Norman WAS DECEASED EVER IN U.S. A	BALED FORCES?	Johnson	V NO	Idena 17 INFORMANT		ADDRESS	Smith	
(YES, NO, OR UNKNOWN) (IF YES, GI	E WAR OR DATES)							
	No		251-03-4	440	Ida M.	Johnson 18	308 N.C		
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	ED BY						BETWEEN ONSE	E INTERVAL
	4292 IMMEDI	ATE CAUSE (a) Ar			cardiovascu	lar diseas	se		
	7212		AS A CONSEQUENCE	OF				THE PACE OF	
	Conditions, if any, which							1 1 200	
	couse (a) stating the unde		AS A CONSEQUENCE	OF					
1	lying cause lost.	(6)						13/4/2	
	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH (BUT NOT RELATED TO THE TERM	AINAL DISEAS	E OR CONDITION GIVEN IN PA	RT I (a			
Z									
AT	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTOPSY	?
CERTIFICATION	TO R S							YES 🗆	NO
ERT	210 EXTERNAL CAUSE WAS	21b. TIME OF		21c He	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR F		140 13
	UNDERLYING OR		MONTH DAY YEA	R					
MEDICAL	CONTRIBUTING CAUSE OF		DE INJURY (ATHOME.	216 10	CATION				
ME	WHILE NOT WHILE		ORY, FARM, ETC.)		STREET	CITY OR TOWN	C	OUNTY	STATE
	AT WORK AT WORK								
	22a I certify that I toak cha	rge of the remains des	cribed abave, held on	Autop	sy . Inspectio	n X, Inquiry	and in my o	pinion	
	death resulted fram: Nat	wal causes	Accident Si	ricide 🖊	, Homicide .	Undetermined monni	er .		
	/	00.	00	-11	TITLE (SPECIFY)				
	ACTUAL SIGNATURE	Loon	el /w	N M		i exedical EXAMINE	DATE ER SIGN	IED 1/15/	/83
			-10	1			3,01		
1.	EXAMINER'S NAME (TYPE OR PRINT)	homas D. S	Smith, M.D.	,	ADDRESS 111	Penn St.	Balto.	MD.	
23 a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY C		23d. LOCATION CITY OR TOWN			TATE
	BURTAL	1/21/83	D-1+	0.00	Com	n 21.			
24. 1	UNERAL DIRECTOR		Baltim	ore	Cem 250. DATE	REC'D. BY REGISTRAR	REGISTRAR'S	SIGNATURE	2.
Wm	.C.March F/H	ADDRESS	1 70 17- 1	1	JAN :	171983 9	Can 9	Carried	
411	.c.narch F/F	Inc. III	1 E. Nort	h As	e.	01	-44	AS ARTON	

-	1	500		TATE OF MARYLAND	(Northern	1001
N	1-	STATE		OF HEALTH AND MENTAL	DEDEATH	1 0 0 1
46	1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	MONTH DAY YEAR 25 HOUR
A		E OR PRINT)			OF ESTI-	
STREET	3. SE	VERNICE 5. DA	T . ATE OF BIRTH 6. AGE (JOHNSON IN YEARS IF UNDER 1 YR. IF UNDE		1 17 19 83 A
STE	-	MO	NTH DAY YEAR LAST B	RTHDAY) MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	5.46
STON 7	70 B	FEMALE BLACK	I - 05- 09 7	YRS.	9 BALTIMORE CITY OR O	1 17 19 83 D N
ECESAR UNFFALDIN S FOR VIZE WITHIN 72 IV WITHIN 72 IV	FC	REIGN COUNTRY)		MARRIED NEVER MARI	RIED U	
S S S S S S S S S S S S S S S S S S S	10 C	TY OR TOWN OF DEATH	IAME OF HOSPITAL, NURSING H		CED Baltimore C	MORK 12b. KIND OF BUSINESS
ZEZESO(Baltimore au	FNOT IN SUCH FACILITY, GIVE STREET ADDR		FOR MOST OF WORKING LIFE)	OR INDUSTRY
RE, MD. 21201 EATH. IF ANY DELAY IS NEC. ES 1. 2, AND 3 TO THE FUN. AND 2 SHOULD BE FILED, W. EAMALAY RECORDS, 201 W. P.	USU	AL RESIDENCE (IF IN NURSING HOME OR OTHE	R INSTITUTION, GIVE RESIDENCE BEFORE AD	MISSION)		
4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	130. 5	TATE 13b. COUNTY	13c. CITY OR TOV		1	CEAN DR DEST
ALR ALR	14. F	ATHER'S NAME	BAL	IS. MOTHER'S MAID	DEN NAME	
ONE NAME OF THE PROPERTY OF TH	1	CLEVELAND		FIRST	MIDDLE	LAST TO THE TOTAL
TIMORI TER DE F PAGE F CRM SES 1 AN	16a. \	VAS DECEASED EVER IN U.S. ARMED F			ADDRESS	BURNETT
BALTIMA JRS AFTER S. GIVE PA WITH FOR	0	ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR	DATES)	HENRIFT	TA DATIEV (73	HAARTMETAN D
URS AF WITH WITH DIVISI		18 CAUSE OF DEATH (Enter only one	cause per line lar (a), (b), and (c).		TA BAILEY 631	APPROXIMATE INTERVAL
W. PRESTON ST., B O WITHIN 24 HOUR? PENCIL IN ITEM 18. C MINER ALONG WI - TRANSIT PERMIT. F - TRANSIT PERMIT. F OOR REMOVAL.					ic cardiovascular	disease
201 W. PRESTON S UTED WITHIN 24 H IN PENCIL IN ITEM EXAMINER ALONG ISLA. TRANSIT PERA OMENTAL HYGIEN ON, OR REMOVAL.		4029 MARDIATE CAT	DUE TO, OR AS A CONSEQUEN		991-07-97-00-00-00-0	
PRE THIN ANS ANS REM		Canditians, if any, which gave rise to immediate	(b)			
201 W. PRE UTED WITHI IN PENCIL EXAMINATION OF MENTAL H ON, OR REA		cause (a) stating the under-	DUE TO, OR AS A CONSEQUEN	ICE OF		
DS, 2011 XECUTED JG" IN PE AL EXAN BURIAL- AND MEI		lying cause last.	(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM MS 35 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 25 EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MINION OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN P	ART 1 o	
RECORDS D BE EXE PENDING MEDICA AS A BL EALTH AL CREMA	CERTIFICATION					
SHOULD BOND BOND BOND WEN WEN WEN WEN WEN WEN WIT OF HEAR WIND WIND WIND WIND WIND WIND WIND WIND	N S	190 DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED?		20 AUTOPSY?
S S S S S S S S S S S S S S S S S S S	E					YES NO X
AREN THE MEN TO THE TO THE TO THE THE THE THE THE THE THE THE THE THE		210. EXTERNAL CAUSE WAS UNDERLYING OR	21b. TIME OF INJURY HOUR A.M. MONTH DAY		RED (ENTER NATURE OF INJURY IN ITEM 18 PART	T T OR PART 2)
OF THE CONTRACTOR	MEDICAL	CONTRIBUTING CAUSE OF DEATH				
WIS SECTION OF THE SE	MED	21d INJURY OCCURRED WHILE DOT WHILE D	21e PLACE OF INJURY (AT HON STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
THIS WAR WAR VAR 2120		AT WORK AT WORK				
DIVISION OF VITA TO MEDICAL EXAMINER: THIS CERTIFICATE SHC EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI PAGE 4 SHOULD BE FORWARDED TO THE CHI AFTER DEECTOR: PAGE 3 SHOULD BE US AFTER DEECTOR: PAGE 3 SHOULD BE US AFTER DEECTOR: PAGE 3 SHOULD BE US AFTER DEECTOR: PAGE 10 SHOW TO BURI		22s. I certily that I taak charge al th	ne remains described abave, held	an Autapsy . Inspecti	an , Inquiry X, and it	n my apinian
EXAMINER CERTIFICAT CERTIFICAT DIRECTOR WITH THE		death resulted fram: Ngigral cau	ses X, Accident L,	Suicide , Hamicide	Undetermined manner	
WAN WAR	1	ACTUAL / M	MANNA	TITLE (SPECIFY)		DATE 1 00 07
ZHE SHE		SIGNATURE //	11/1/10	M.D. Assista	nt_medical examiner	SIGNED 1-20-83
W C A W		EXAMINER'S NAME AND M	. Dixon, M.D.	111	Penn St., Balto.,	Md 21201
A PAGE	230 0	(TYPE OR PRINT) AND IVI		ADDRESS III I	23d LOCATION	rid. Zizoi
	(SPECIFY)			CITY OR TOWN	COUNTY STATE
BP	24 F	UNERAL DIRECTOR		I CATHEDRAL CE	M. BALTIMORE -	RAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5))		VERNON R BATI	ADDRESS	ALHOUN ST JAN	21.1983 John	to which
	L	MERION R MAIL				



8	16		ems #1&6 Film G575	1/13/85 FO	STATE MENT OF HE	OF MARYLAND ALTH AND MENTA	LHYGIENE	W.	0 1	U	8	2
1	1 1		STATE REGISTRAR	MEDICAL	EXAMINE	'S CERTIFICATE	OF DEAT	H REG	. NO.			
1/	2		CEASED NAME Wilbert	MIDDLE		LAST	20	DATE KNOWN		DAY	YEAR	26 HOUR
1	Main of	(TYF	ORPRINT) Wilbert Wilbur	H		Johnson		OF ESTI-	<u> </u>	4	19 83	
	A PURE PROPERTY	3: SEX	4 RACE 5. DA	TE OF BIRTH	6. AGE (IN YEARS	IF UNDER TYR. IF UND		DATE	MONTH	DAY		24 HOUR
	N S S S S S S S S S S S S S S S S S S S	M	WE NEGRO S	- 15- 45	LAST BIRTHD YRS.	MONTHS DAYS HOURS		RONOUNCED DEAD	1		1900	5 HOUR
	A STATE OF	Ja Bi	RTHPLACE (STATE OR 76. CI	TIZEN OF WHAT COUN	ITRY?	MARRIED NEVER MA	ARRIED .	BALTIMORE CIT			EATH	
	新新尼	1	ARVLARIN	USF	N	IDOWED DIVO	ORCED 🗆	Baltimo				MD
7	ALE ALE	III. CI	Baltimore Un	AME OF HOSPITAL, NU NOT IN SUCH ACLUTY, GIVES IVERSITY HO	RSING HOME, O TREET ADDRESS Spital	R OTHER INSTITUTION	120 USUA FORMO	L OCCUPATION . OST OF WORKING LIFE)	(TYPE OF WORK	12b. KIN OR	ID OF BUS INDUSTR	Y
1201	RETAIN SHOULD B	130. S	L RESIDENCE (IF IN NURSING NOME OR OTHER		ORTOWN	13d. INSIDE CITY LIMITS	13e. STREE	T ADDRESS	LEN		12	1613
9	CA I'V DI SE	14. F/	THER'S NAME	3 6 10	7777	15. MOTHER'S MA	AIDEN NAME					
ME. N	TO PRINT	1	Amis Middle	" Johns	CAST	Chathis	TRINE	MIDDLE	C	OP	AST	
BALTIMORE	URS AFTER DE WITH FORM T. PAGES I.M. DIVISION OF		AS DECEASED EVER IN U.S. ARMED FO S. NO, OR UNKNOWN) (IF YES, GIVE WAR OR		CIAL SECURITY N	O. IT INFORMANT	(2800	ADDR	4 1	1:00		471
¥	WITH PAC	-	NO	413	-40 Cps	13 LON21	MULL	JOBES	011	_AA	1-1211	1660
7.	24 HOUR TIEM 18. ONG W PERMIT. SIENE, D		18 CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY:	cause per line for (o), (b)), and (c).) unshot: w	ound of head	đ				PROXIMATE PEN ONSET	
NO	V 24 HO N ITEM 1 ALONG IT PERMI YGIENE,		9554 IMMEDIATE CAU	DUE TO, OR AS A CON		04110 02 1104				-		
REST	WHY AND WASH		Conditions, if any, which	DUE 10, OR AS A CON	1SEGUENCE OF							
, P	WIT NOE INFE		gave rise to immediate couse (a) stating the under-	(b) DUE TO, OR AS A CON	ISEQUENCE OF		_					
7	UTED WITHI IN PENCIL I EXAMINER RIAL - TRANS D MENTAL H ON, OR REA		lying cause last.	DOE TO, OK AS A CON	SEGUENCE OF					1		
08,2	EXECUTED ING. IN PRICAL ICAL EXAN BURIAL - H AND MEI WATION, C		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	(C)	TEO TO THE TERMINAL	DISTACE OR CONDITION CHEEK IN	AL BARY 1					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	HOULD BE EXECUTED WITHIN 24 HORRED FRD "PENDING" IN PENCIL IN ITEM 18 "HIFF MEDICAL EXAMINER ALONG USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, IRIAL, CREMATION, OR REMOVAL.	Z	The Total State Conditions Contains	BING TO GERIN BUT NOT REEN	THE TO THE TERMINAL	DISEASE OR CONDITION BIVEN IF	N PAKI I (G					
REC	MEN WEN	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATI	ON WAS PERFORMED?				20 A	UTOPSY?	
IAI	SHOULD ORD "PEI CHIEF A E USED A IT OF HEA	문									ES V	NO 🗆
> 7	W H W H W H W H W H W H W H W H W H W H	E.	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY		21c. HOW INJURY OCCUI	RRED (ENTER NA	TURE OF INJURY IN ITEA	A 18 PART I OR P/		23 X	140
Z	A H COUNTY	¥	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR AWY WONTH	4 19 83	self inflic	tod gun	shot wou	bar			
/ISIO	ERTING TO TO THE PRICE PRICE TO THE PRICE TO	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	(AT HOME,	II. LOCATION						
No	TO MEDICAL EXAMINER, THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PPAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	¥	WHILE NOT WHILE AT WORK	street, factory, farm, e	TC.)	810 Allen S		oridge, M		YTMUC		STATE
	ALE SIND		220. I certify that I taak charge of th	e remains described abo	ive, held an	Autapsy . Inspec	ction .	Inquiry .	ond in my o	pinion		
	MIN IN		death resulted from: Natural caus	ses . Accident	, Suicid	e X , Hamicide L	Undeter	mined monner].			
	WAR WILL		ACTUAL MALA	- Badd	. 00	TITLE (SPECIFY)	,		D 175			
	ATH AND -		SIGNATURE JULIA	e une pr	nul	M.DAssista	ant MEDIC	AL EXAMINER	SIGN	ED_1/	/5/83	20
	MO S DE		EXAMINER'S NAME						350	-17		
	XEO XEO X	22.5	(TYPE OR PRINT) Margai		ell, M.C			St., Bal	to, Mo			
		230. B	JRIAL, CREMATION, REMOVAL 236. DA	7-83 8	AME OF CEMET	ERY OR CREMATORY	23d LOC	TOWN	17 COU	NIX	STA	TE (
	BP	24 F	INERAL DIRECTOR	1-00	EIN LL	1250. DA	TE REC'D. BY R	EGISTRAR 2/6/R	EGISTRAR'S	SIGNATI	JRE® #	6-1
	DHMH - 17 (VR A15 ME (5))	1	H. BONRELEY	CAPORESS My b	omld.	0.110		383	and	ر ا	welf	



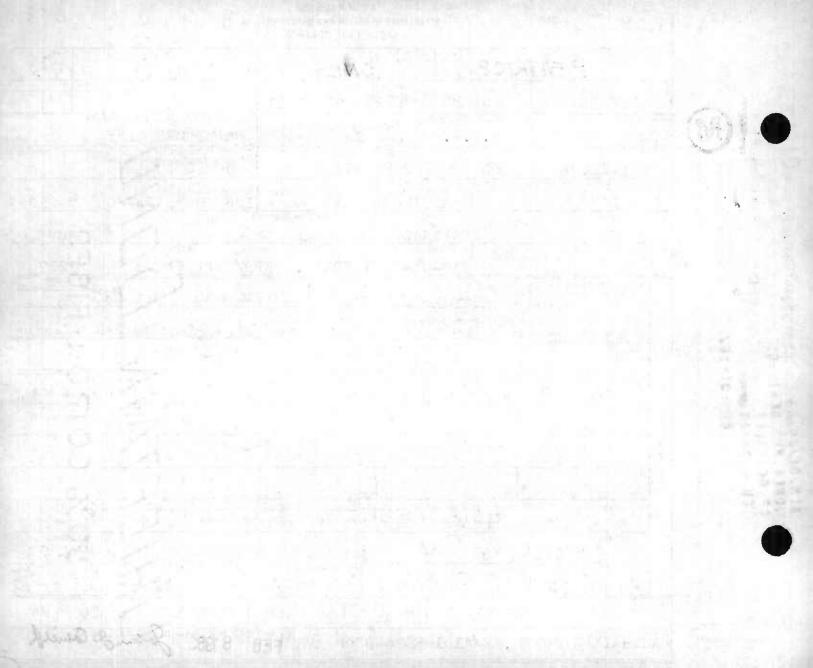
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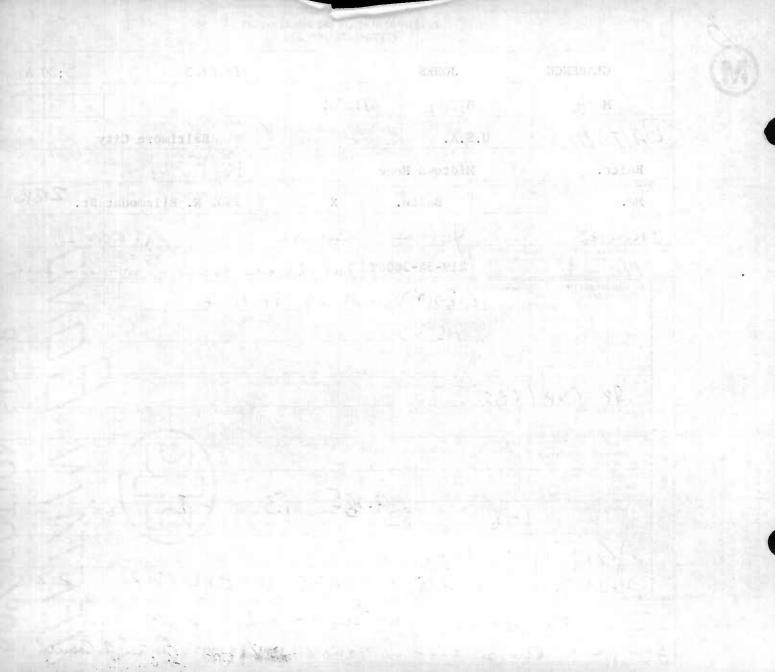
STATE OF MARYLAND FOR STATE

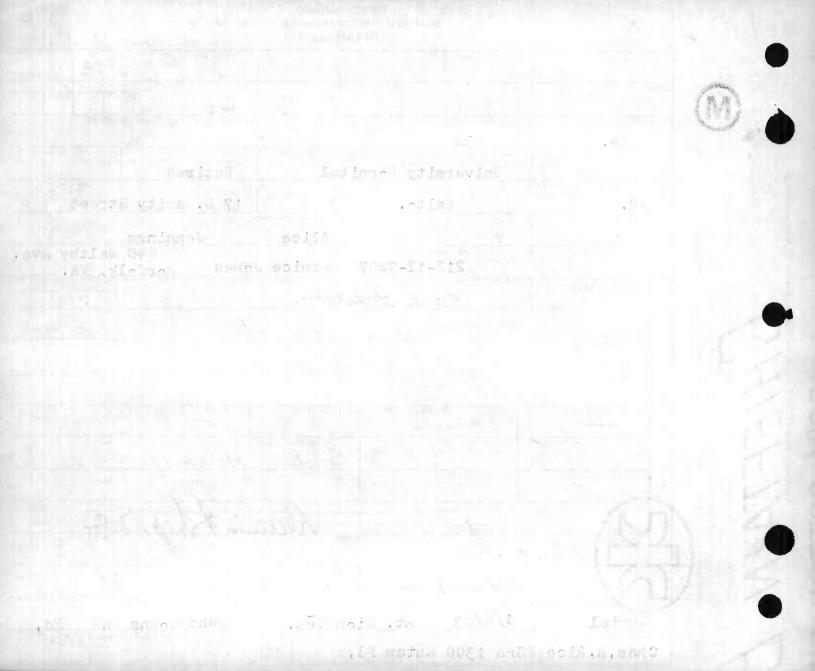
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF D	EATH	REC	S. NO.		
		CEASED NAME	FIRST		AIDDLE		AST		20. DATE OF DEAT		DAY YEAR	2b. HOUR
18	{TYPE	E OR PRINT)	HENR	Y I	• JOHN	STON			JANUAR	Y 28.	1983	5:45A
F	3 SE	X		4. RACE		S. DATE C	OF BIRTH		6. AGE (IN YEARS LA		IF UNDER I YEAR	IF UNDER 24 HRS
6		Male		Cauca	sian	20NTH	PAY	1909	73	YRS	MONIHS DAYS	HOURS MIN.
	7a BI	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B.	D NEVER M	APPIED [9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
		W. Va.			S.A.	WIDOWE	DIV	ORCED [BALTIM		ITY	MD
ach		BALTIMOR	E	THE C	OSPITAL, NURS IN HEACILITY, GIVE STREET OHNS HO	OPKIN	S HOSE	ITAL	12g USUAL OCCU (TYPE OF WORK FOR MI) Tetire	ST OF WORKING		el
1 Be	13a. S	AL RESIDENCE (IF NURS	136 COU		GIVE RESIDENCE BEFOR 130 CITY OR TOW Baltin	/N	ue ar	NO 🗆	13e. STREET ADDRE	ss Conk	ling St	2122
am1	14 FA	Joans		MIDDLE J	LAST			IRST	ME		LAS	
M.					ohnston	_	Ann				Starkey	
2	160 V	VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU		17 INFORMAN				21224	
		no			278-07	-473	Mrs.	Lovi	na Dice,	309	S. Con	kling \$
Z		IB CAUSE OF DEAT	H Enter or	aly one couse per	line for Ial, (b), an	d (c					APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
0		PARTI. DEATH W		TE CAUSE (0)	CKRDI	te_	ARRES	5				nun
OM		4 4 4 1		DUE TO, OF	AS A CONSEQU	ENCE OF					O BOTA	2
Ho		Conditions, if ony		((b)	50	PSI	5				4	dans
		gove rise to imi		DUETO	AS A CONSEQU	ENICE OF	- 450	Tieta				
a		underlying couse	lost.	(c)_			ONIA	2500		500	17	days
Funera	7	PART 2. OTHER SIGI		1 0				TO THE TERM				
4	10			c Val			eneux	· C			eos to m	
4	CERTIFICATION	190 DATE OF OPERA	10	A	TIC STENOSIS				206. AUTOPSY? 206. IF YES, WERE FINDING SUSE IN CERTIFYING CAUSES OF DEA			
7	RT	12/8,12	1			TEN			YES NO		YES 🗌	NO X
sde		21g. ACCIDENT WAS UNI		216. TIME OF	A. MONTH D	AY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF	I MATI MI YRUEMI	8 PART I OR PART 2)	
S	CA	(IF EITHER NOTIFY MEDI	CAL EXAMINES	P./		19						
Or	MEDICAL	21d. INJURY OCCUR		218 PLACE C	OF INJURY EET, FACTORY, OFFICE, I	ARM ETC)	21f LOCATIO	N	CITY	RTOWN	COUNTY	STATE
et		AT WORK AT WO	RK					- 40				
an		220.1 certify that (1)	(this hospi	tal) attended the	deceased from_	2	8	19_ 8 3	10 12	8		that (I) (we) last
> 10		obove, (I) (we) (t) view the body		<u>8</u> , or	nd that in (my) (our) opinion o	death occurred on th	e date and h	our and from the	causes stated
10		226. SIGNATURE	87	1100	111		DEGREE	TENDING	HEDICAL	7.55	22c. DATE	SIGNED
			. 000	LUS	MI		P	TENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF SICIAN X		28/82
ea		22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			22e ADDRESS		11			
dd			WA	5		24	00	45MS	HOPK	ms	403	PITTE
1		BURIAL, CREMATION,					EMETERY OR C		23d LOCATION		COUNTY	STATE.
2	_	noval-Ent	comb.	1/31/	0) 501	tner	n Mem.	Pk.				lorida
		UNERAL DIRECTOR		3 12	ADDRESS _	1664		25a. DATE	N 2 9 1003	AR 25h G	ISTRAR'S SIGNAT	URE
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1. DECEASED NAME FIRST (TYPE OR PRINT) 3. SEX A 7. BIRTHPLACE ISTATE OR FOREIGN	MIDDLE H	LAST		DEPARTMENT OF HEALTH AND MENTAL HYGIENE B CERTIFICATE OF DEATH REG. NO.							
3. SEX A 7a BIRTHPLACE ISTATE OR FOREIGN			ZE. DATE OF DEATH	MONTH DAY YEAR 21							
7a BIRTHPLACE (STATE OR FOREIGN	4 RACE	JONES		1 25 83							
To BIRTHPLACE ISTATE OF FOREIGN		5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR								
7a BIRTHPLACE (STATE OR FOREIGN	B	MONTH DAY YEAR	76	YRS. MONTHS DAYS H							
COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED		OR COUNTY OF DEATH							
VA.	U.S.A	WIDOWED DIVORCED [CITY							
10 CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST. 	RSING HOME OR OTHER INSTITUTION	17a USUAL OCCUPAT								
BALTIMORE	WITHERAN HO	DIFFITAL	TAILOR	Reti							
USUAL RESIDENCE (IF NURSING HOME OF 136. STATE, / 136 COL			13e STREET ADDRESS								
Md	BALL	YES NO	1801 B	aker St. 2.							
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN I	MIDDLE	4 ALASW							
ARChie	Jones	BliVIA		Mitchel							
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	IRMED FORCES? 166 SOCIAL SI	ECURITY NO. 17 INFORMANT	ADDR	/							
NO -		JoshuA Va	mes 2035	LANVALE S							
18 CAUSE OF DEATH (Enter of	only one couse per line for (o), (b)	, and (c). I		APPROXIMA BETWEEN ONS							
PART I. DEATH WAS CAUS	ATE CAUSE (D)	5									
7302	DUE TO, OR AS A CONSE	OUENCE OF									
Conditions, if ony, which		AYELITLS									
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF									
underlying couse lost	(c) ACUTE	MENTAL FAILURE									
	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)							
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	STATUS EPILEPTK	cus									
90 DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF							
J # L			YES NO	YES [
	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCC	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)							
(IF EITHER, NOTIFY MEDICAL EXAMINE	CALL	19									
OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOTIFY WHILE TO WH	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE FARM ETC.) 211. LOCATION STREET	CITY OR TOV	vn COUNTY							
WHILE NOT WHILE AT WORK											

COLOR A COMM. m. P. C. F. pe 1386 - pli m 1145 11 100 V 100 V " - 1/51 2 1 2 1 7 1 - 1 - 1. 1. T. 1. 1. Will be in the state of th Committee Committee

11 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
BALTIMORE	
PRESTON ST.,	
5, 201 W.	
RECORDS	
VISION OF VITAL RECORDS, 201	
DIVISION	

1	FOR - STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.								
	PECEASED NAME FIRST	N CALVIN	JONES		26 HOUR 8:55PA					
3.5	Male	4 RACE Black	S. DATE OF BIRTH MENTH 177 1.2		IF UNDER 1 YEAR IF UNDER 24 HRS. AONTHS DAYS HOURS MIN.					
7a.	BIRTHPLACE (STATE OR FOREIGN GA	76. CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED MONORCED	9. BALTIMORE CITY OR COUNTY BALTIMORE CIT						
-6	CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE THE JOHNS HO	ING HOME OR OTHER INSTITUTION ET ADDRESS) PKINS HOSPITAL	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY					
30	STATE MD 13b. CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO DUNTY 13c. CITY OR TO Balti	more 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 922 Caroline	21205 e St.					
90	FATHER'S NAME Belvin	Jones Jones	15. MOTHER'S MAIDEN NA FIRST Mattie	₩IDDLE E	LAST					
₹ 16a	WAS DECEASED EVER IN U.S. (YES, NO OF UNKNOWN) YES	ARMED FORCES? 166. SOCIAL SEC GIVE WAR OR DATES) 245-03		ADDRESS ilson 6641 Knot						
NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQ (b) 15 Chel DUE TO, OR AS A CONSEQ (c)	ension UENCE OF heart disea	NISE C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
CERTIFICATION	19a. DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO YES						
7 IS	OR CONTRIBUTING CAUSE OF LIF EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	art t OR PART 2) COUNTY STATE					
	22s. I certify that (I) this no	on the pody after death.	DEGREE A A A A ATTENDING	death occurred on the date and hour	that (i) (i) e) lost and from the couses stated 22c. DATE SIGNED					
236	R. GAR	VER AL 123b, DATE 123	NAME OF CEMETERY OR CREMATORY	TI OF MED						
24.	FUNERAL DIRECTOR	ADDRESS	dd. Veteran Cem.	Crownsville						
1	Wm. C. March	F/H 1101 E.	North Ave. JA	114 1 1300 000	- Comment					

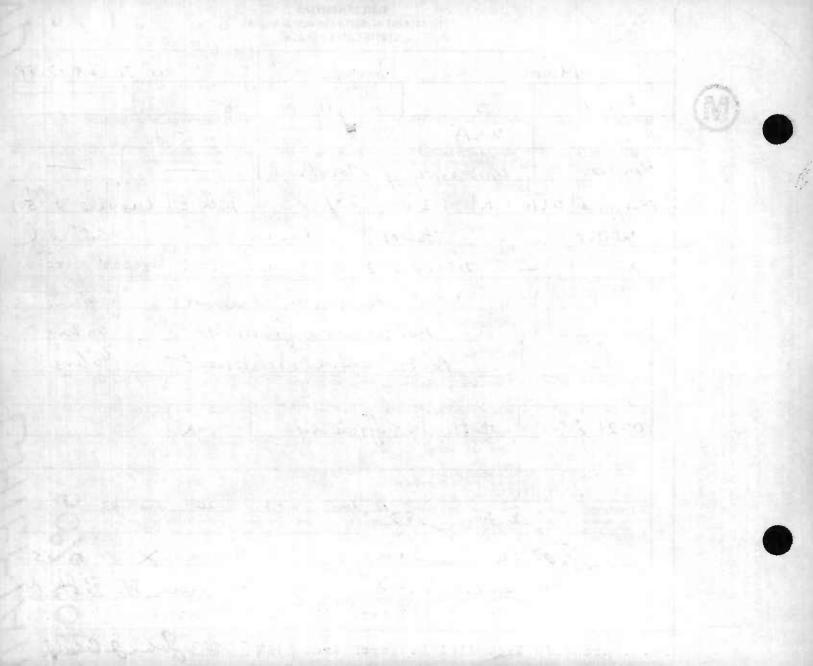
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Wm. C.March F/H Inc. 1101 E. North Ave.

STATE OF MARYLAND

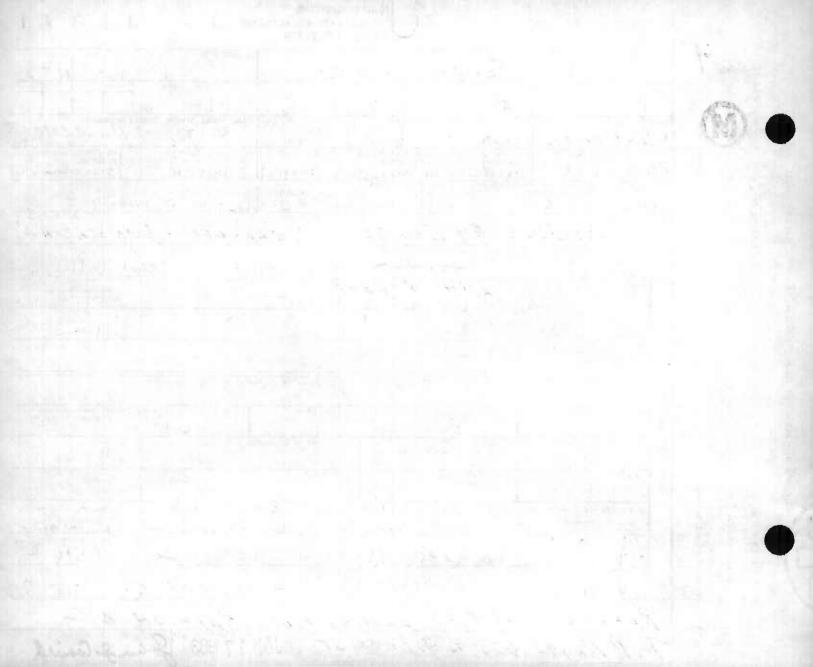
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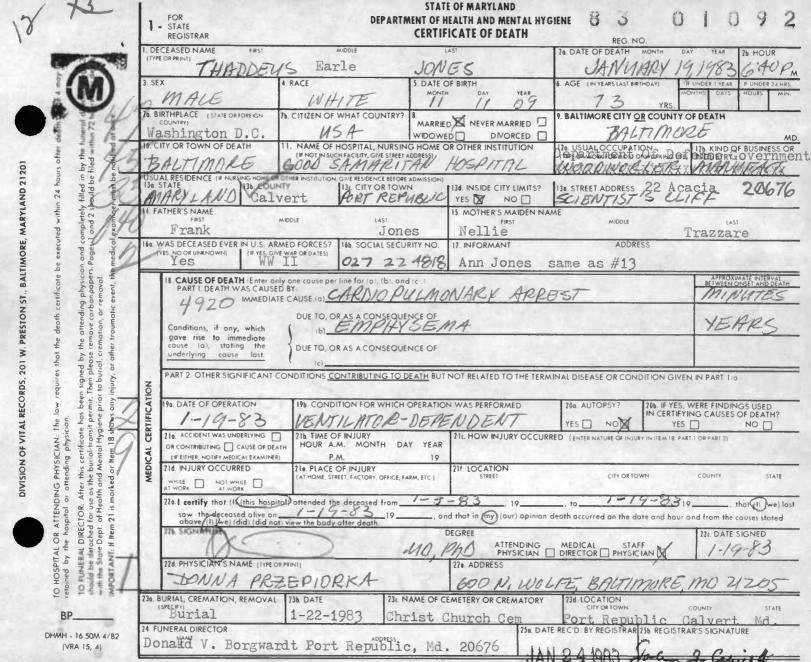
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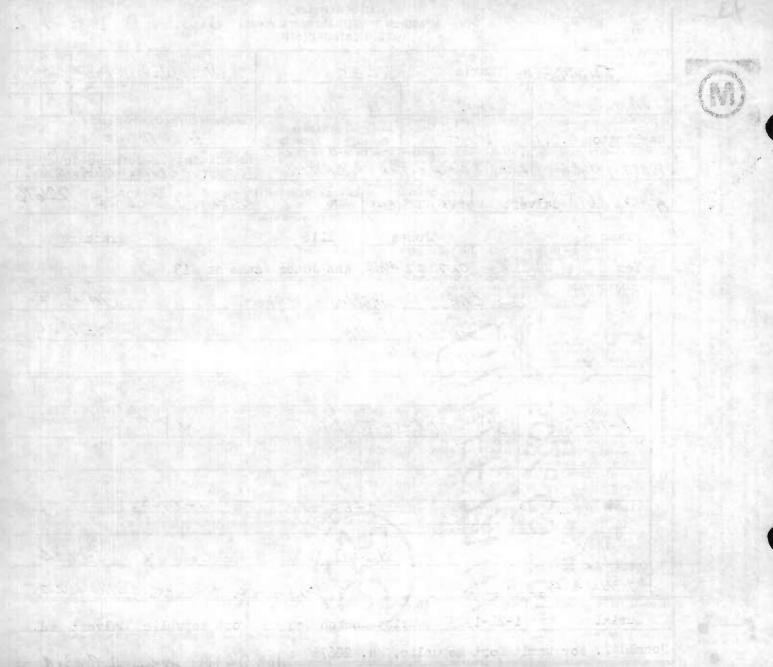


0	1	FOR - STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLA EALTH AND M ICATE OF DI	ENTAL HYG	IENE 8 3	0	0	9 0
		CEASED NAME FIRST		MIDDLE	ı	AST		20. DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR
moy be poge 3		PATR	ICE		JON	ES			01/10/8	3	6:35pm
f moy ir, pog	3. SE	X	4. RACE				VEAD	6. AGE (IN YEARS LAST BIR		DER I YEAR I	F UNDER 24 HRS
900	1	Female		Black	MONTH 9	20	81		YRS. 15	DAIS	MIN.
1 10		IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNT	RY? 8. MARRIE	D NEVER M	ARRIEDXX	9. BALTIMORE CITY O	R COUNTY OF	EATH	
1000		aryland		5.A.	WIDOWE	D DIV	ORCED [BALTIMOR			MD
CON S	1	BALTIMORE	THE JO			HOSPITAL		170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		b. KIND OF I IDUSTRY	BUSINESSOR
in 24 hou y filled in should be	Ma	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	DR OTHER INSTITUTION JNTY	13c. CITY OR 1	04414	100	NO 🗌	13e. STREET ADDRESS 211 Beal	e Court	21	755
4 4 5	14. F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	AE MIDDLE		LAST	
omplet ond 2	_	Henry		Jones			tricia	a		Fost	er
n ond co		MAS DECEASED EVER IN U.S. A YES. NOOR UNKNOWN) (15 YES. G	RMED FORCES?	16b SOCIALS		17 INFORMAN		ADDRI			
te be				N/A		Patri	cia Fo	oster 211	Beale		
g physic conpoper event, t		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe ED BY:	_		100	00000		-	BETWEEN ON	SET AND DEATH
certing probability		LA DIAMEDIA	ATE CAUSE (0)		SCAL VAS	CUME	Accuse	M.	-		
death control of the		Conditions, if ony, which	DUE TO, C	R AS A CONSE		CBEMA					
ne deot smove o motion,		gove rise to immediate	(p)			Clacina					
by the		underlying couse lost	DUE TO, C	CARNI		when the	20087				
ined in plea		PART 2. OTHER SIGNIFICANT	CONDITIONS					NAL DISEASE OR CON	DITION GIVEN IN	PART 1m	
n sig Ther r to b	CERTIFICATION	OPEN MEARY	SURCER	4							
aw re	CAT	190 DATE OF OPERATION	19b COND	FOR WH	IICH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20b. IF YES, WEI	RE FINDING	S USED
The le ician.	I E	1/3/83, X2			UGURGITAT	in,		YES NO	YES		NO [
Z S S S T 8		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME C		DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	R PART 2)	
4YSICIA ding pl is certif buriol-t Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.	.M.	19						
DING PHY or after this After this e os the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFF	ICE FARM, ETC	211 LOCATION	N	CITY OR TO	wn c	OUNTY	STATE
		22a I certify that (I) (this has		1		14 8	, 19_53	, to	110,19		ot (1) (we) lost
OR ATTEN e hospital DIRECTOR: oched for us Dept. of He		sow the deceased alive a above (1) (we) (did) (did)	ot) view the body	ofter death.			our) opinion o	leath occurred on the d			
OR Dep		TH SIGNATURE	1/2/1		(DEGREE	TENDING	MEDICAL STAI		22c. DATE/SK	/
SPITAL (d by the NERAL IN DERAL IN DERAL IN DE GETON DE G		224 PHYSICIAN'S NAME ILVA	irry			PI 22e. ADDRESS	HYSICIAN [DIRECTOR PHYSIC		1110	5/83
TO HOSPITAL C etoined by the TO FUNERAL D should be detoc with the Store D IMPORTANT: If		THE PHYSICIAN STRAINE TIME	(1 11			ZZe. ADDRESS		.1			
TO HOSP TO FUNE Should be with the SMORTA	22-	IMOIMY	HALL	17	20 11115 0	1 3	OHNS	HEPKINS !	428 MAL		
BP	230	BURIAL, CREMATION, REMOVA SPECIFY)				EMETERY OR CE		23d. LOCATION CITY OR TOWN	cou		STATE
	24 F	JNERAL DIRECTOR	1/15	/83	Cedar	Hill (em 250, DAJE	Baltim	75E REGISTRAR'S	O.	Md.
DHMH - 16 50M 4/82 (VRA 15, 4)		n. C. March	7/h 11	ADDRE	ss North	A = = = :	JAN	1 3 983	- Jahre	I Cali	rely
(, .,	111	J. Harring	· / 11 TI	OI E.I	worth A	avenue					

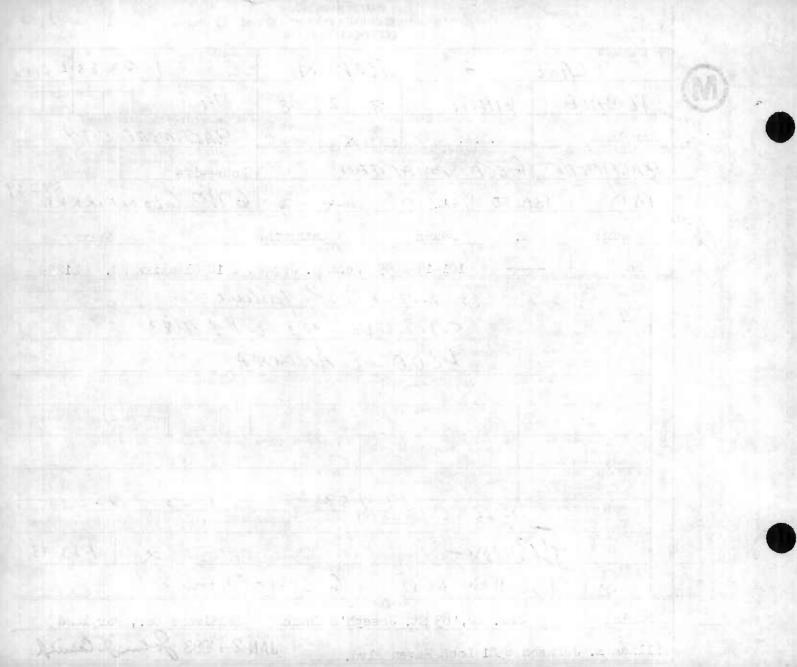
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	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 1 1 9 4 CERTIFICATE OF DEATH REG. NO.							
		CEASED NAME FIRST	MIDDLE	-	LASI	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR			
9		CLARE	A	10	RDAN	1	23 83 4.01PM			
: (M)	3. SE	X	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.			
U	1	FEMALE	WHITE	8	29 08	74 YRS.	Mile.			
02		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUNT	The state of the s			
To all a	-	laryland	U.S.A.	WIDOW	ED DIVORCED	BALTIMOR	MD.			
The T	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	T ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12b. KIND OF BUSINESS OR INDUSTRY			
Par le	1	AL RESIDENCE (IF NURSING HOME OF			AN.	Housewife	Home			
and be fi		STATE 131. COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORTY 131_CITY OR TO 21239		13d. INS'DE CITY LIMITS?	136 TREET ADDRESS GLE	NKIRKRD.			
2 8	14. F	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME	LAST			
alexon		George	E. Adams		Catherine		Murray			
000	164	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS				
2 medico		No	161-14-	2649	John M. Jorda	an 6710 Glenkirk	Rd. 21239			
onpaper removal. event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), a		1-01	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
rem			TE CAUSE (0) COUR CUI	u r	ness- fau	live.				
n, or matie		7	DUE TO, OR AS A CONSEQU	JENCE OF	IE MIT	on 1-17-83.				
notio		Canditions, if any, which gove rise to immediate	(b) 2X/E	103, 6	The The C	200 1 1 83				
Then pleose remove carb to buriol, cremotion, or r injury, or other traumatic		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOL	JENCE OF	E ANGIN	14				
Then pl to bur njury, o	Z	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION G	IVEN IN PART 1101			
prior gang	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED			
shows	E						IFYING CAUSES OF DEATH?			
OTO		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)			
Mental Hy	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	R) P.M.	19						
o ₹ o	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
alth and morked		AT WORK AT WORK		, ,	- 63	1 33	-02			
Heal			ital) attended the deceased from	581	19		, 19, that (I) (we) last			
t of			view the body after death.	20,0		deoth accurred an the date and ha				
tote Depr		22b. SIGNATURE	Oallen.		DEGREE ATTENDING _	MEDICAL STAFF	22c. DATE SIGNED			
N T		W MARKET	willy		PHYSICIAN [DIRECTOR PHYSICIAN	1-23-83.			
should be deto with the Stote		S. P. D	hillm. m.s		G. S. H	ospital.				
F 3 3		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE			
		Burial	Jan. 26, '83 St	. Jose		Baltimore Co.				
50M 4/82	24. F	UNERAL DIRECTOR	ADDRESS		25u. DAT	N 2 4 1983	TRAPS SIGNATURE			
4)	Wi	IIIam E. Johnso	on 8521 Loch Ray	ren Bl	vd. JA	N 4 4 1903 Jour	no coming			



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PARTMENT	OF	HE	ALI	H A	AND	MENT	į

DEF AL HYGIENE

	1-	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 0 1 0 9 4											
		CEASED NAME GERT	HA LILLIAN	不	STICE	2a DATE OF DEATH	MONTH DAY	P3	344	5 4			
	3 SEX	FEMALE	CANCASION	5. DATE O		6 AGE (IN YEARS LAST BIRT	YRS.	THS DAYS	#FUNDER 7	24 HRS MIN.			
3	1	RTHPLACE (STATE OR FOREIGN SQUINTRY) MARCY LAND	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	menes	0						
Ô	10 C	BALTIMORE/		VES	HOSPITAL	120. USUAL OCCUPATION OF WORK FOR MOST OF	OF BUSINES	SS OR					
5		1 2444		efore admission) OWN LAY	YES TO NO K		LLINGT	on F	2vo- 2	2122			
7	14. FA		NOWN		15 MOTHER'S MAIDEN NAM	MOTHER'S MAIDEN NAME FIRST UNKNOWN							
2		VAS DECEASED EVER IN U.S. AR VES, NO OF UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL S PEWAR OR DATES) 216-7		FRANKLIN C.	ss 718 ARL	21227 LINGTON AVE.						
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH										
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.											
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0											
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	206. IF YES, W IN CERTIFYIN YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\) NO \(\)						
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	Y IN ITEM 18 PART I										
	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		211 LOCATION STREET	CITY OR TOV		COUNTY	51	ATE.			
		22a certify that this haspital) attended the deceased from 30 3000 19 83 to 31 0000 19 83 that (1) World land land land land land land land la											
		226. SIGNATURE DEGREE MD ATTENDING MEDICAL STAFF 1/31. 1/31.											
		22d PHYSICIAN'S NAME ITYPE O	TROFA	FSS.	900 CN	TON Ave	. BAC	Timo	RK,	mi			
	23a B	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		N PARK	23d. LOCATION CITY OF TOWN BALTIMORE	CITY	MAR	YLAN	Ďte			

DHMH - 16 50M 1/BI (VRA 15, 4)

BP

MPORTANT: If Item 21 is marked or Item 18 shaws ony

MARYLAND

LOUDON PARK 21229 74 FUNERAL DIRECTOR 21229
HUBBARB FUNERAL HOME, INC. 4107 WILKENS AVE.

LEMMENT REPORT OF THE PROPERTY AND AND ADDRESS OF THE PARTY OF Commenced of Constitution and and I thinking only seed. .

lly & Zeiler, Inc. 1901 Eastern Ave. 21231

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

HOURS

12b. KIND OF BUSINESS OF

INDUSTRY Monarch

APPROXIMATE INTERV.

NO F

STATE

Nazarek

COUNTY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c. DATESIGNED

Rubber Factory

3:30PM

IF UNDER 24 HRS

DIVISION OF VITAL RECORDS,

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/73 (VRA 15(4))

MOLECULAR CONTRACTOR C

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	FOR STATE REGISTRAR			CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO.								7 0		
W .		OR PRINT)	RST ED	WARD	MIDDLE L.	K	A/J	KAISERSKI	2a [DATE OF DEATH		23 83	26 HOUR 6:45 AM	
	M ale			(RACE		- 15	DATE OF BIRTH MONTH DAY January 21, 1913			GE (IN YEARS LAST BIRTH	-	AONTHS DAYS	IF UNDER 24 HRS HOURS MIN	
11 25	MARYLAND		5N 7b			M	MARRIEDXX NEVER MARRIED WIDOWED DIVORCED			9 BALTIMORE CITY OR COUNTY OF			F DEATH MD	
74			11			RESS)		12a (TYP				126 KIND OF BUSINESS OR INDUSTRY STATE OF MD.		
100	3a. S	AL RESIDENCE (IF NURSING TATE NAME NO NAME NAME NAME NAME NAME NAME NAME NAME	COUNTY BALTI		13c CITY OR	BEFORE ADMIS TOWN	E	3d. INSIDE CITY LIMITS'	2	STREET ADDRESS O DUTTON	AVENU	IE 21:	228	
130 A30	1	THER'S NAME FIRST HERMAN	MIDI	W.		ISERS	KI	5 MOTHER'S MAIDEN FIRST ANTOIN				LONG	ī	
Long Control		VAS DECEASED EVER IN L (15, NO OR UNKNOWN) (16 NO		D FORCES? AR OR GATES)	212-0	SECURITY 1 1-728		MRS. LOIS	s. K	AISERSKI		AS #		
eath certical tending aby e carbonage an, at erronal		18 CAUSE OF DEATH IE PART I. DEATH WAS	CAUSED E MEDIATE (BY: CAUSE (a)	OR AS A CONS	R3141	OF	ARREST ARTER	24	DSEAS	7	BETWEEN	IMATE INTERVAL ONSET AND DEATH	
ned by the arplease remaind, cremati		gave rise to immed	iate the ast	(c)	OR AS A CONS	SEQUENCE	OF C	STENOS	sis.			EN IN PART 10	a	
hos been sign permit Then merprior to b	CERTIFICATION	19a DATE OF OPERATION	7/3					WAS PERFORMED	21	00 AUTOPSY?	20b. IF YES IN CERT IF	, WERE FINDIN	NGS USED	
SECIAN TO appoint certificate mal-tromat mental Hygu term JB M		210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	HOUR A	OF INJURY I.M. MONTH P.M.	H DAY	YEAR 19	2)t. HOW INJURY OCC	URRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PA	ART 1 OR PART 2)		
offer the by creed or was a control of the by creed or was a control or wa	MEDICAL	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK			OF INJURY TREET, FACTORY, O	OFFICE, FARM, E		21) LOCATION STREET		CITY OR TOW	'N	COUNTY	STATE	
ATTENDA splid as CTOR A Horose of Heal		220.1 certify that (1) (this hospital) attended the deceased fram 19 20., ta 1-23 19 25, that (1) (we) last saw the deceased alive an 19 32, and that in (my) (we) apinian death accurred an the date and haur and Iram the causes stated above, (1) (we) (did not) view the bady alter death.												
ALORO The he deteched out Dept		726 SIGNATORE TO greensh			Su	DEGREE ATTENDING PHYSICIAN [G MI	MEDICAL STAFF DIRECTOR PHYSICIAN			1-23-53	
O HOSPIT Herred Sy TO FUNER Head by de High the Str		22d. PHYSICIAN'S NAME FREDER		J J	Sur	Tev		22e ADDRESS 225	6	REEVE	ST	BAG	2120;	
BP		BURIAL, CREMATION, REA	NOVAL	23b. DATE 1/26/		LOUD	ON F	PARK CEMETE	RY	3d LOCATION CITY OF TOWN BALTIMOR		COUNTY	STATE MD.	
H - 16 60M 1/75 VR A 15 (4))		UNERAL DIEETROY NAME DOMONDSON							JAN	26 1983	25b. REGIST	RAR'S SIGNAT	Canville	

THE PROPERTY OF THE PROPERTY O . PROGRAMME TO A TOTAL PROGRAMMENT OF THE PROGRAMME 27 (34) (17) (34) (37) (34) (37) (34) (38) (38) (38) THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY. CALLED AND CONTROL OF THE WORLD AND THE WORLD THE PARTY OF THE PARTY O - STATE

(VRA 15. 4)

REGISTRAR

I DECEASED NAME

12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 732 Warwick Road 21229 Printz 21229 Veronica A. Kristaponis 732 Warwick Rd PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 014506 19570N IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE and that in (my vour popinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN HONDILEW 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 1/12/83 New Cathedral Cem. Baltimore 24 FUNERAL DIRECTOR 21229 DHMH - 16 50M 1/B1 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

26 HOUR

IF UNDER I VE AR

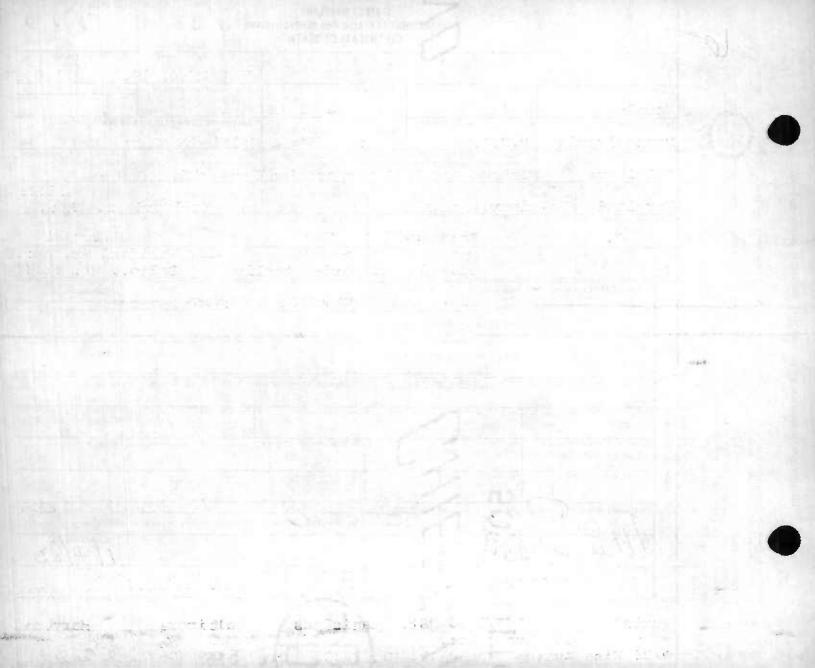
20. DATE OF DEATH

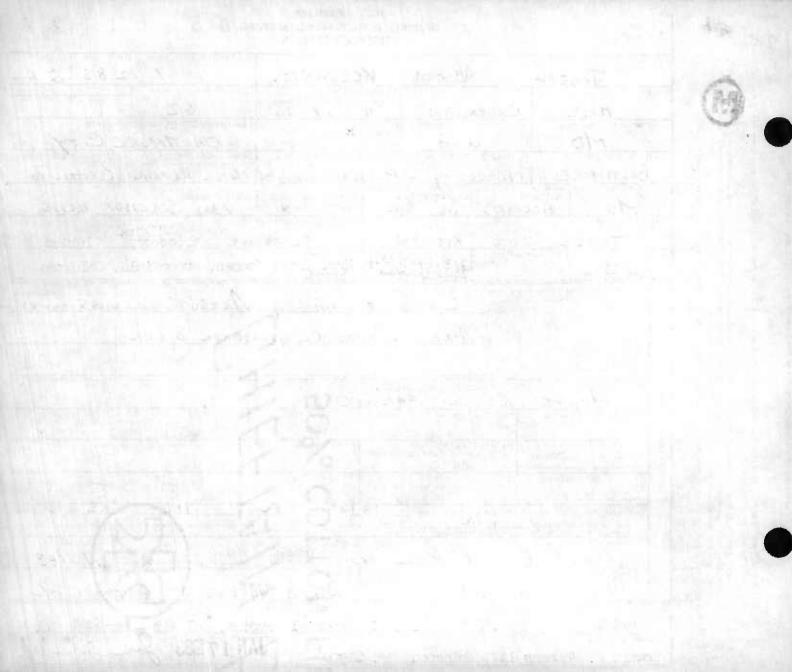
The contract the second of the contract of the

79 22 Wise Avenue Dundalk, MD. 21222

DHMH - 16 50M 4/82

(VRA 15, 4)





1 P	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 8 5	1100
	Kenne		KEENEY	26. DATE OF DEATH MONTH	24.83 535A
	1 male	4. RACE White	5. DATE OF BIRTH MONTH OG VEAR	6 AGE (IN YEARS LAST BIRTHDAY) 7 4 YRS	
160	BAITO.	d USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city or coun	ity of DEATH
1140	Baltimore	1) NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SEAGNA	1/	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING POSTAL WORK	
135	THE STATE 136	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR COUNTY 13c. CITY OR TOV Balto,			21227 non+ Ave
complet 1 and 2	Oliver	MIDDLE Keeney	15. MOTHER'S MAIDEN N Alvert	MIDDLE	Iler
Pages 1.	(YES, NO OR UNKNOWN) (IF	YES GIVE WAR OR DATES) WW II 21307	626 Wanna K	putus, ADDRESS Md.	ermont Ave
the attending physici remove corbonpaper emotion, or removol. Ier froumatic event, th	PART I. DEATH WAS COMMITTED IN IT IN	DUE TO, OR AS A CONSEOU ich the DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU		m	BETWEEN ONSET AND DEATH
n signed by Then pleose to buriol, cr injury, or oth	PART 2. OTHER SIGNIFIC	(c)	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition g	SIVEN IN PART I (a
owsony	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY.	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
2/ //	OR CONTRIBUTION TO CANCE	OF DEATH HOUR A.M. MONTH D	AY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PART 2)
os the buth ond M	(IF EITHER NOTIFY MEDICALE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE,	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR: A d for use of Heol	saw the deceased all above (1)(we) (did) (haspital attended the deceased from ive an 19 did not view the bady after death.		on death occurred on the date and he	our and fram the causes stated
State Dept State Dept ANT: If Iten	276. SIGNATURE	tallick	med ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/24/83
should be det with the State	22d PHYSICIAN'S NAME G-ALL		5t agnes	Hoop Bal	t, md.
F 5 5 ≤ 1 23	BURIAL, CREMATION, REM (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Oakland Compto	CHY BIN UN O	rrett- Md. STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Jan. 27, 1983 Oakland Cemetery Sterling Funeral Estate

Street Lynte 11 - 11 HG Section of the second s The state of the s White transfer make the constant of the transfer of the transfer of the state of th JAN 25 1883 Sen 2. Conich

- STATE

DHMH-16 20M (VRA 15, 4) 7/78 REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21215

BALTO., MD

6010 REISTERSTOWN RD.

REG. NO.

2b. HOUR

0

HOURS

126. KIND OF BUSINESS OR

AT HOME

#21211

LAST

FRADIN

21211 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30 mins

NO I

STATE

STATE

YES T

COUNTY

COUNTY

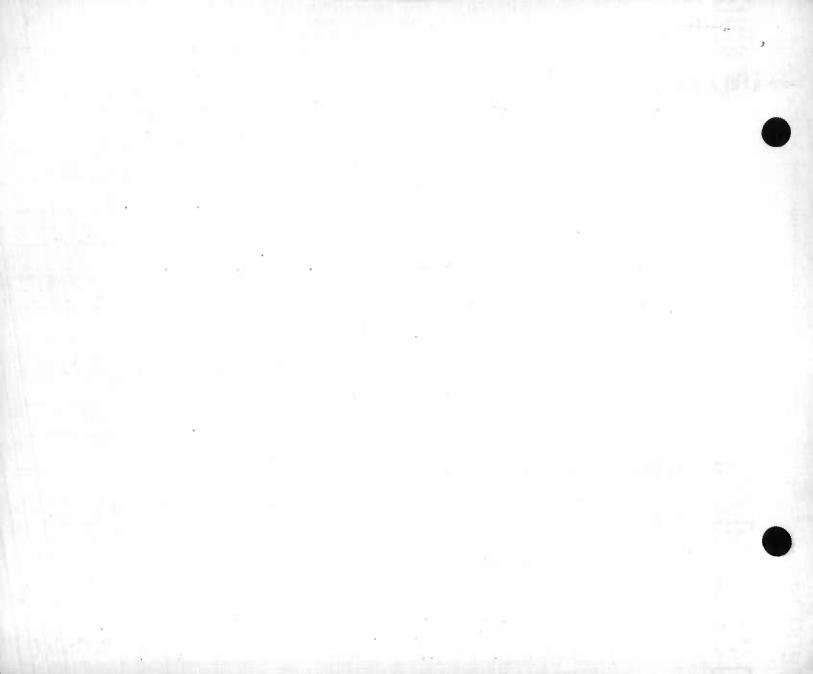
22c. DATE SIGNED

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

MONTHS DAYS



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO	
I. DECEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
AMAN	DA	KENDL	ER	01	12 83 12:41p
3. SEX	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
FEMALE	WHITE	09		89 YE	MONTHS DATS HOURS MIN.
TO BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
MARYLAND	U.S.A.	WIDOWE		BALTIMORE CI	TY
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	RSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
BALTIMORE		PITAL		BOX MAKER	GLASS CO.
UAL RESIDENCE (IF NURSING HOME			113d INSIDE CITY LIMITS?	13e STREET ADDRESS	
MARYLAND	l BALT	IMORE	YES NO	1620 DE SOTO	ROAD. 21230
14. FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME	LAST
CHARLES	KENDLI	ER	NELLIE	MIDDIE	UNKNOWN
160. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDRESS	
(TES. NO OR UNKNOWN) (IF TES.	216-22	-3722	BETTIE ASPE	LMEYER 1620 DE	E SOTO ROAD, 2123
8 CAUSE OF DEATH (Enter	anly ane cause per luce far (a), (b),				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	TATE CAUSE (a) Carole	o Rul	monary au	ust	
3117	DUE TO, OR AS A CONSEC	OUTNICE OF	. 0	11	
Canditians, if any, which	(b) Bla	teral	pleury O et	Musion	
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	OHENCE OF	P	V	
underlying cause last	(c)	GOEINCE OF			
PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OF CONDITION	GIVEN IN PART 1(a)
& Deales	tes nullite	LN.	Sangrer	N // L	Mary State of the
190 DATE OF OPERATION	10h CONDITION FOR WH	ICH OPERATIO	47.00.00		VEC WERE EINIDINGS USED

P.M.

TIE PLACE OF INJURY

216. TIME OF INJURY HOUR A.M. MONTH

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

DAY YEAR 19

211 LOCATION

CITY OR TOWN

YES 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE

IN CERTIFYING CAUSES OF DEATH?

and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated

DEGREE M. D MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

220 DATE SIGNED

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR

hould be detach out the State De MPORTANT, # 16

id-Manut pe

CERTIFIC

230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)

210. ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

226. SIGNATURE

BURTAL

24 FUNERAL DIRECTOR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDIC AL EXAMINER)

NOT WHILE 220.1 certify that (1) (this haspital) atter

saw the deceased alive an

22d PHYSICIAN'S NAME (TYPE

abave, (1) (we) (did) (did nat) view the bady after death

01-14-83

DBUAT

CEDAR HILL

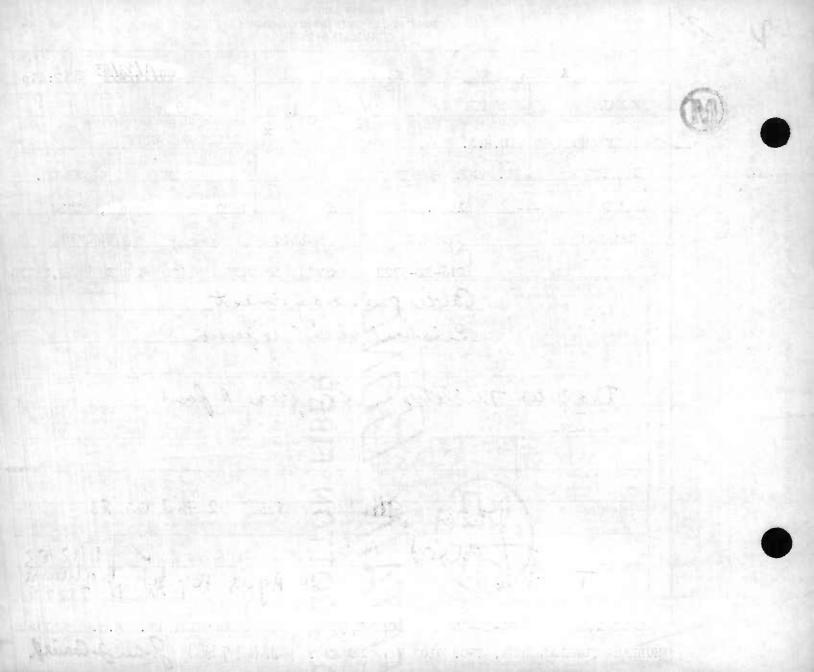
231. NAME OF CEMETERY OR CREMATORY

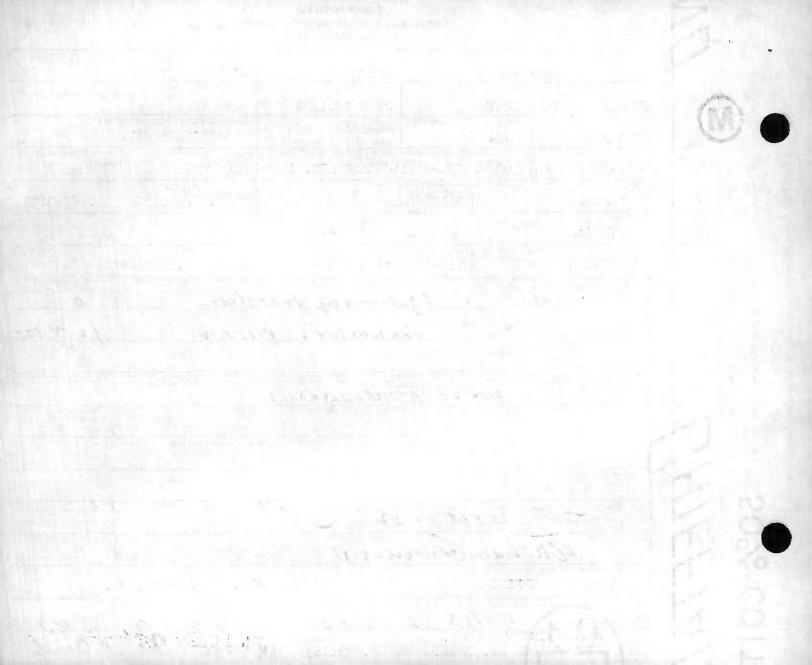
21d LOCATION BROOKLYN

CITY OF TOWN

COUNTY

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.





injury, or other traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

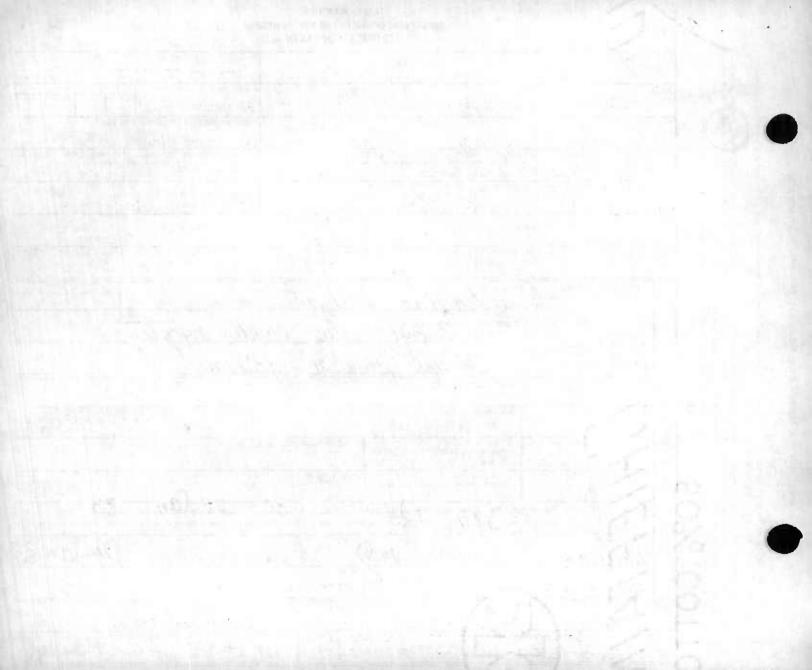
NTH	DAY	YEAR	26. HOUR	Ī

		REGISTRAR				CERTIF	ICATE OF L	EAIN	RE	G. NO.				
ı		CEASED NAME	FIRST		MIDDLE	Į.	LAST		20. DATE OF DEA	TH MON	TH DAY	YEAR	26. HOU	R
1	(TYPE	OR PRINT)	Carrie	$B\epsilon$	ell	K	ennedy		Januari	, 23,	1983		4:05	5а.м
	3. SEX			4. RACE		5. DATE C			6. AGE (IN YEARS L	AST BIRTHDA	Y) IF UN	DER I YEAR	IF UNDER	
-	1	Female		Cauca	sian	Augu	st 31,	1886	96 years	s old	YRS.	IS DAYS	HOURS	AA IN.
1		RTHPLACE (STATE	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED -	9. BALTIMORE C			HTASC	St.	
1		ennsylva		U. S.		WIDOWE		VORCED	Baltimon		ty			MD.
7		ity or town of altimore		(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET L German	ADDRESS)			120. USUAL OCC (TYPE OF WORK FOR Homema)	MOST OF WO		NDUSTRY Home		SSOR
7	USU	AL RESIDENCE (II	- 0	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)								
		ruland	136 COUR		Baltimor		136 INSIDE C	NO [1120 PL		Drive	212	227	
	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S	S MAIDEN NA		DDLE				
		Benjam		MIDDLE	Phillip	pi		Anna	e Mil	OUTE	Lel	laste	373	
,		VAS DECEASED	VER IN U.S. AR		166 SOCIAL SECU		17. INFORMA	NiGener	al German	DDRESS	Aged E	Peopl	es Ho	ome
1	()	YES, NO OR UNKNOW!	N) (IF YES, GIV	E WAR OR DATES)	215-48-0	557	22 S.	Athol.	Avenue Bo	altim	ore, A	1D 21	229	
F			FATH (Enter on	ly one couse per	lufe lar (a), (b) an		1	1-				APPROX	ONSET AND	VAL
1		PART I. DEA	TH WAS CAUSE	D BY:	DADALA	A de	Innhu	Thom	in					
1		117	IMMEDIAT	E CAUSE (a)	guara.	1	unoq	as worth	max		.0			
1		725	7	DUE TO, O	AS A PONSEQUE	NCE OF	mother	As	Nin	1111	16.			
1		Canditians, if		(b)	Trepuor	une	Janu	re	cours	yop	wy			
		cause (a),		DUE TO, O	ALONE OUT	NCE OF	erdia	A /	ribure	//	1			
	NO	PART 2 OTHER	SIGNIFICANT (ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITI	ON GIVEN IN	N PART 1	a'	
7	CERTIFICATION	190 DATE OF OF	PERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY		b. IF YES, WE			
4	TIFIC	h							YES NO	-	CERTIFYING	CAUSES	NO [
7	CER	210. ACCIDENT WA		4100400 4	F INJURY	AV VEAD	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE	OF INJURY IN	ITEM 18 PART 1	OR PART 2)		
	¥		MEDICAL EXAMINER	THE STATE OF THE S	M.	19								
1	MEDICAL	21d INJURY OC		21e. PLACE	OF INJURY		211. LOCATIO		617	Y OR TOWN		COUNTY		TATE
П	¥		OT WHILE	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC	STREET		CII	OK IOWN		LOOMIT	3	INIE
1		220.1 certify the	at (1) (this haspe	tal Vattender	deceased frame	JIIM	e	19.00	to 25.	Jas	1 19	23	that (I) (v	we) last
1				23 i) view the	# A/2	35_,	nd that in (my)	(aur) apinian	death accurred an	the date of		~		
3		22b. SIGNATUR		1) view the mody	offfir death.		DEGREE					22 DATE	610NED	
		Mille	iam /	1. 120	yson	m	y). '	ATTENDING PHYSICIAN &	MEDICAL DIRECTOR P	STAFF HYSICIAN		240	San	89
		22d. PHYSICIAN	'S NAME (TYPE	R PRINT)	/	/	22e ADDRES	is						
		Willia	m J. Br	yson			5772	Westvi	ew Mall		100			
1		BURIAL, CREMAT	ION, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR	CREMATORY	236. LOCATION		40	INTE		7.475
		Burial		Jan. 2	5,1983 Me	adowr	ridge Me	emorial	Park Do	rsey	Howard	I Mc	ryla	nd
- 1-	_						-	20			-200			

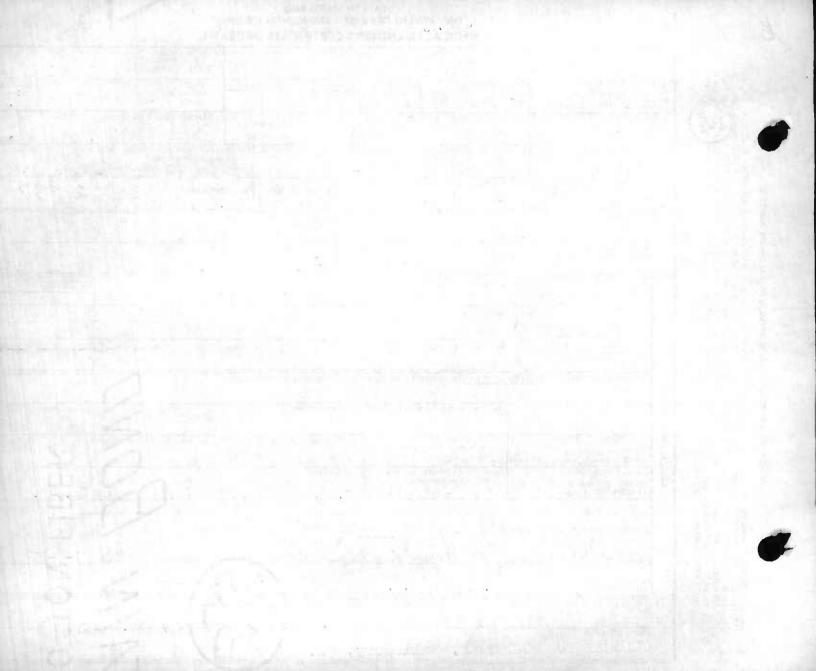
DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

8728 Liberty Road Randallstown, MD 21133-4784 JAN 25 1983



V		l,	FOR			DEP	ARTMENT		MARYLAI		YGIEŅ	F 3		0	r.ada	1 1	0 5	
10		'	STATE REGISTRAR			MEDIC	CALEXAN	AINER'S	CERTIFI	CATEO	F DEA	TH	REG.	NO.				
4			CEASED NAME	FIRST		MIE	DDLE		LAST				KNOWN	M MO	ONTH D	DAY Y	EAR 2b. H	OUI
	Nava Sri	(141	E OR PRINT)	George	e Walter Kenney						DEATH	ESTI- MATED		1 7	7 19 8	33		
	코딩프딩프	3. SE	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 2c.						2c. DATI		MOR	NTH 7		YEAR 2d H	Oy			
	N. S.	M	lale	White	11/21		22 60		DAYS DAYS	Hours	MIN.	PRONOU DEAL	NCED		1 7	7 198	33	3.,
-	A STATE OF	Jan B	RTHPLACE (STAT	E OR	76. CITIZEN C	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COL								UNTY	UNTY OF DEATH			
	DESERT.	DN	larylan	d	USA	USA WIDOWED DIVORCED Baltimore Ci								ity.			M	
_	W W W W W W W W W W W W W W W W W W W	10°C	ITY OR TOWN O	FDEATH			L, NURSING H		THER INSTITU	MOITU		AL OCCU	PATION (TYPE OF W	ORK 12b	OR IND	F BUSINES	S
	304400		Baltimor		Unive	ersity	y Hospi	tal -	STU				State	e Mo	sq.		rol	10
10	OEABA TO	USU.	TATE 2183	7 1436 COUNT	R OTHER INSTITUT	TION, GIVE RE	CITY OR TO	OMISSION)	13d INSIDE O	CITY LIMITS?	113e STRE	EET ADDR	ESS				837	1
212	る名語をあつつ	Ma	ryland	Wice	omico		Mardel	a	YES 🗆	NO 🗆	Rt.		Box	77	00	04	001	
- Q	T NEWS P	14. F.	ATHER'S NAME		MIDDLE		LAST		15. MOTH	ER'S MAIDE	NNAME		WIDDLE			LAST		
100	ES PES	Ge	eorge	Washi			Kenne	У		ath	N	Naom		D	ick	ers	on	
MO	FER PACE	160: \	VAS DECEASED I	EVER IN U.S. ARA	AED FORCES?	? 16	b. SOCIAL SEC	URITY NO.	17. INFOR	MANT (wife	2)	ADDRE	SS				
101 W. PRESTON ST., BALTIMORE TED WITHIN 24 HOURS AFTER DEA N PENCIL IN ITEM 18. GIVE PACES XAMINER ALONG WITH FORM P AL-TRANSIT PERMIT. PAGES NANTAL HYGIENE, DIVISION ON, OR REMOVAL.)	1,1,1,0,0,00	TAN ON DATES,		220-12	-090	1 Mrs.	. Ste	11a	В.	Kenn	еу	sa	me i	as # 1	13
	WIT. P		18 CAUSE OF	DEATH (Enter anl	y one cause p	er line for	(a), (b), and (c	.)								APPROX	ONSET AND D	AL
Z S	EN PONG		955	TH WAS CAUSED	BY: E CAUSE (o)_	Guns	shot wo	und o	f Head	with	comp	licat						
W. PRESTON ST.,	N 24 N IIE ANOVA		155.		DUETO	O, OR AS	A CONSEQUE	NCE OF					(Rit	fle)				
8	AL PANS			, if any, which to immediate	(b)_									G_{ij}				
>	OR JEN		cause (a) st lying cause	toting the under-	DUE TO	O, OR AS	A CONSEQUE	VCE OF										
20	XECUTE VG" IN SAL EX.				(c)_													
DIVISION OF VITAL RECORDS, 201	HESEL	Z	PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO	OEATN BUT N	OT RELATED TO TH	E TERMINAL DIS	EASE OR CONDITIO	ON GIVEN IN PAI	RT 1 (a)					7-		
REC	HOULD BE RD "PENE HIEF MEE USED AS OF HEALT	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									2D AUTC	PSY?					
I	OS#32%	밀														YES	□ NO	ΙΧΊ
7	> 0 Z 00	N.	210. EXTERNAL			ME OF INJ		21c	HOW INJURY	Y OCCURRE	D LENTER N	ATURE OF IN	JURY IN ITEM	18 PART 1	OR PART 2			Q_D
NO NO	RTIFICATI NG THE V D TO THI SHOULD PRIENTO		UNDERLYING CONTRIBUTING	OR CAUSE OF D) Op.M.	ONTH DAY		subject	t shot	him	self						
ISIO	= () - I 4 = -	MEDICAL	71d INJURY OF	CURRED	21e PL	LACE OF IN	JURY (AT HO	ME. 211.	LOCATION	31101	111111							
NG NG	A A G A A B A B A B A B A B A B A B A B	¥	WHILE AT WORK	NOT WHILE X	STREI	et, factory, Hor		R	-STREET	30x 77	O.Ma	rdel l		icom	COUNT		Md.	ATE
	ATE, ORW			that I taak charge	e of the remoi	ins desgribe	ed alpove, held	on Au	lapsy ,	Inspection	n XX.	Inquiry		and in r	пу оріпн	on		
- 1	A PER PER PER PER PER PER PER PER PER PER		death resulted	from Natur	ol couses] Acc	cident .	Suicide	Hami	icide,	Undete	ermined m	onner _],				
300	XA EERT LID E		1	1/2	10	1	1.0	2501	TITLE (S	SPECIFY)								
	AL PALE		SIGNATURE	welly	ud/	1	rust 1	11/11	Assi	istant	MEDI	CAL EXA	MINER	D	ATE	1-7	7-83	
	NER STEET	1	EXAMINER'S N	AA15 -						100								
	A D B E S E		(TYPE OR PRINT	Den	nis F.	Smyt	th, M.D	•	ADDRESS_	11	I Per	nn St	reet					
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a.B	URIAL, CREMATIO	ON, REMOVAL 2	3b. DATE		23c. NAME O	FCEMETER	OR CREMAT	ORY	23d. LO	CATION			COUNTY		STATE	
	BP	Bı	irial		1/9/8:	3	Spring	hill N	1em. Ga	rdens	L Sa	Lisbu	ry. W	Vic.	Ma	ryla	end	
	DHMH - 17		OLLOWA		A	PORESS	0/1.			250. DATE F	C.D.BA	REGISTR.	AR ZJ RE	GISTRA	R'S SIG	MATURE	ed	
	(VR A15 ME (5))	1 4.	AWOLLO	I FUNE	KAL HC	ME,	Salis	bury,	Md.	JAN .	- C (1)		a					



AND S	1 - STA REG
IAI	T DECEASE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-
U

		REGISTRAK						REG. NO		
		CEASED NAME	FROT		wippit		LAST	74 DATE OF DEATH HONTH	DHY YEAR	2h HOUR
	11/11/4	1	arie	E.	Kenny			1/29/83		
	3. SE	X	1078	4. RACE			OF BIRTH	4. AGE (IN YEARS LAST BRITIDAY)	WILMORN LYKAN	
		Female	11	White		Nov.		71 VR	MONTHS BATS	HOURS MIN.
-		RTHPLACE (MANEGE	FOREIGN:	A CITIZEN OF	WHAT COUNTRY?	I.		I BALTIMORE CITY OR COUN		1
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		ITY OR TOWN OF DE	ATH	11. NAME OF		NG HOME	OR OTHER INSTITUTION	Baltimore Ci-	125 KIND (OF BUSINESS OR
0		Dallit mama			W. 35th		21211	Production		on Mill
	Uatr	Baltimore ALRESIDENCE IN NUM	SPIG HOME OF	OTHER INSTITUTION	GAY HELDENCE BEFOR	E ADMILLACING	to the A forth A	Troduceron	10000	OH PILLA
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Ø			r Hub		1464		Effie	Painter	- 1,4	ild.
		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	DIN YTERL	17 INFORMANT	ADDRESS		
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1		PART I DEATH W	VAS CAUSE	D BY E CAUSE (et)	Ca	con	ury o	recusion	1	he
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		gave rise to im-	mediate) 101-			ana	y roccert	- 10	- Care
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7	AL	OR CONTRIBUTING.			M. MONTH D.	AY YEAR				
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1		saw the decease			\$ 19_	83/	nd that in (my (aur) apinion	death occurred on the date and I	hour and from the	
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1	-	10 one	11 11	1111	alle	411	1. MAKING	MEDICAL STAFF	1/2	1.102
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h	0	D 000	Taana	rd Wall	anatat n		The state of the s	Wh Channel 2121		
-	22. 2					MANUE OF T		th Street 2121	-1	
		DELLE CREMATION	KEMOVAL	236. DATE	A 101 P. C. C.		EMETERY OR CREMATORY	TM: LOCATION DIV OR IDING	COUNTY	17.679
	24.71	Burial INERAL DIRECTOR		2/2/8	3 Ne	ew Cat	thedral Cemete	ry Baltimore	to viano	
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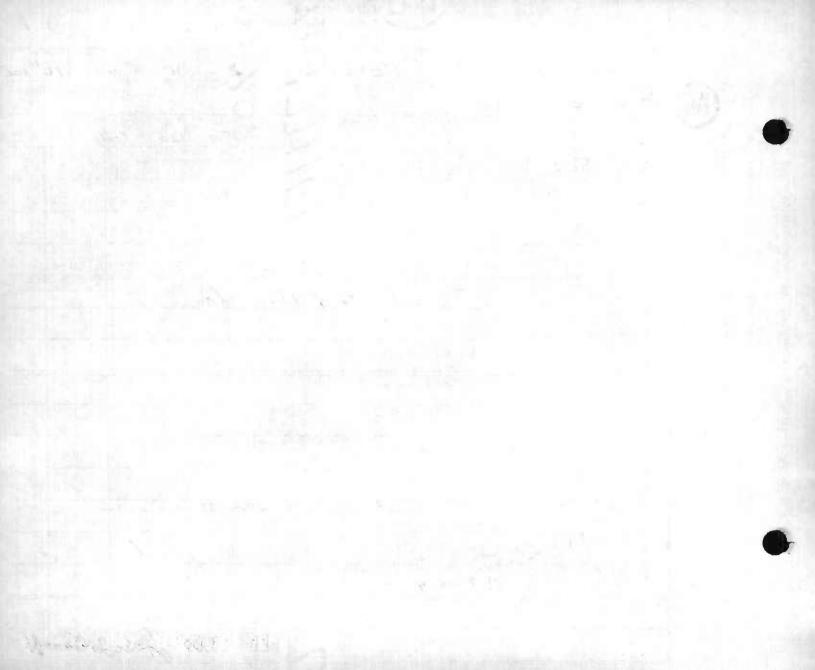
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TO FUNERAL DIRECTOR: Ah should be detached for use or with the State Dept. of Health

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Wm.C.March F/H Inc. 1101 E.North Avenue

(VR A 15 (4))



may be

1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 3 0 1 1 0 8
	1 DECEASED NAME FIRST (TYPE OR PRINT) ALI	SHER	LASI	20 DATE OF DEATH MONTH DAY YEAR 20 HOUR
403	3. SEX	4 RACE	KHAN 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
1	Male	White	11 15 13	69 YRS DATS HOURS MIN.
少	70 BIRTHPLACE (STATE OF FOREIGN COLUMNY) India 10 CITY OR TOWN OF DEATH	NO NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET,	MARRIED NEVER MARRIED WIDOWED DWORCED G HOME OR OTHER INSTITUTION INDRESSI	9 BALTIMORE CITY OR COUNTY OF DEATH Butimore MD. 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GOV'T OF
710	Baltimore	St. Aques Hospi	tal	Professor INDUSTRY Gov't of Pakistan
San San San San San San San San San San	Maryland Howa		City 13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA FIRST	8313 Church Lane 21043 ME MIDDLE LAST
dicol	160 WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS
E	NO	218-90-		8313 Church Lane 21043
injury, ar other traumatic event, the medical	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUETO, OR AS A CONSEQUE	nce of	VINAL DISEASE OR CONDITION GIVEN IN PART 1/g
ony	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
Hem 18 sh	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM IS PART FOR PART 2)
orked or	21d. INJURY OCCURRED WHILE NOT WHILE AL WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	ARM. ETC.) 2H. LOCATION STREET	CITY OR TOWN COUNTY STATE
MPORTANT: If them 21 is morked or them 18 shows	220.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	1/24 19	DEGREE ATTENDING	death accurred an the date and haur and from the causes stated 1920 ATE SIGNED 22c. DATE SIGNED 22c
MPORTANT:	22d. PHYSICIAN'S NAME (TYPE OR	PRINTI	PHYSICIAN [270 ADDRESS St. Agnes	DIRECTOR PHYSICIAN 1 1/23/0
1	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		ame of cemetery or crematory estlawn Mem. Park	23d LOCATION CITY OR TOWN COUNTY STATE Marriottsville Howard Md.

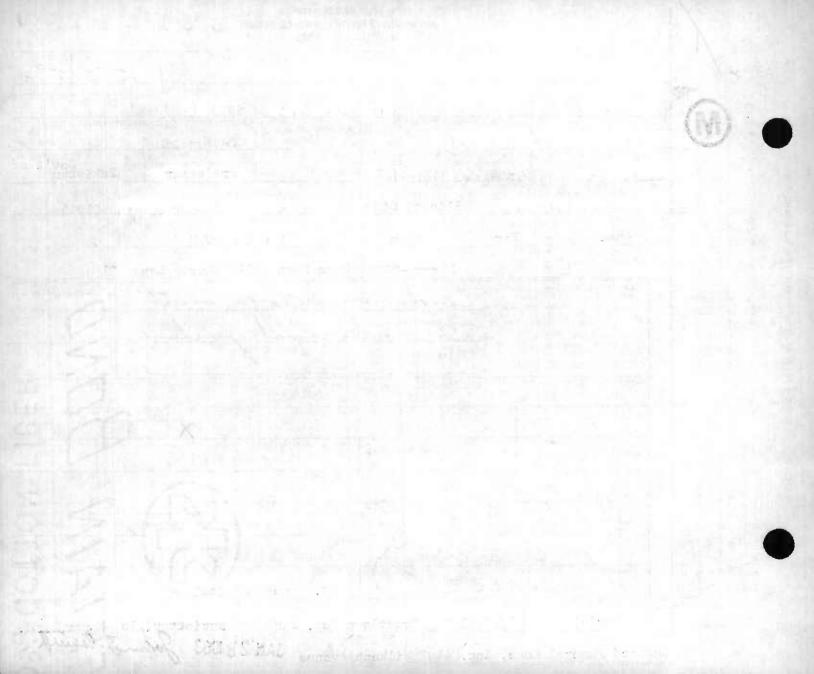
BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

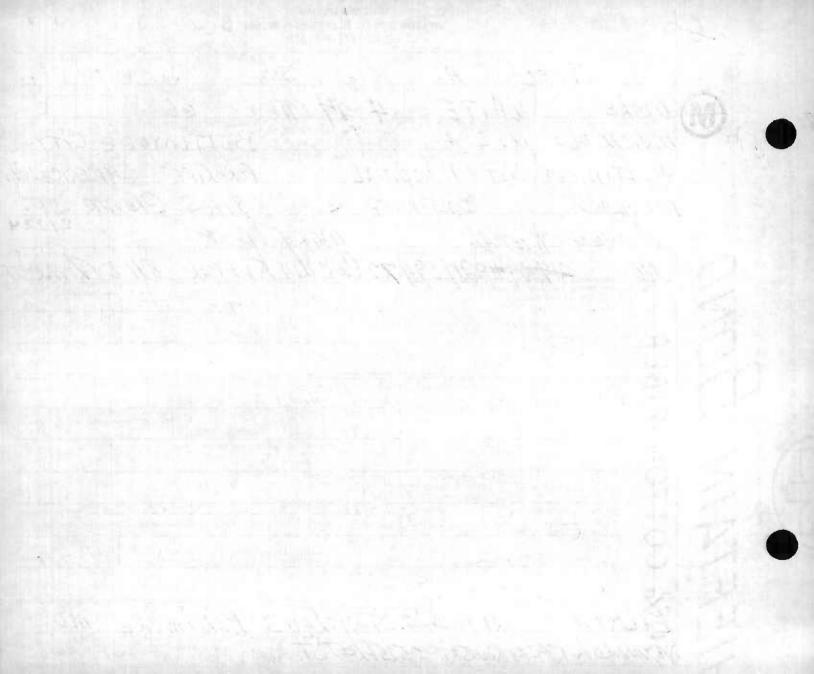
24 FUNERAL DIRECTOR 21229

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

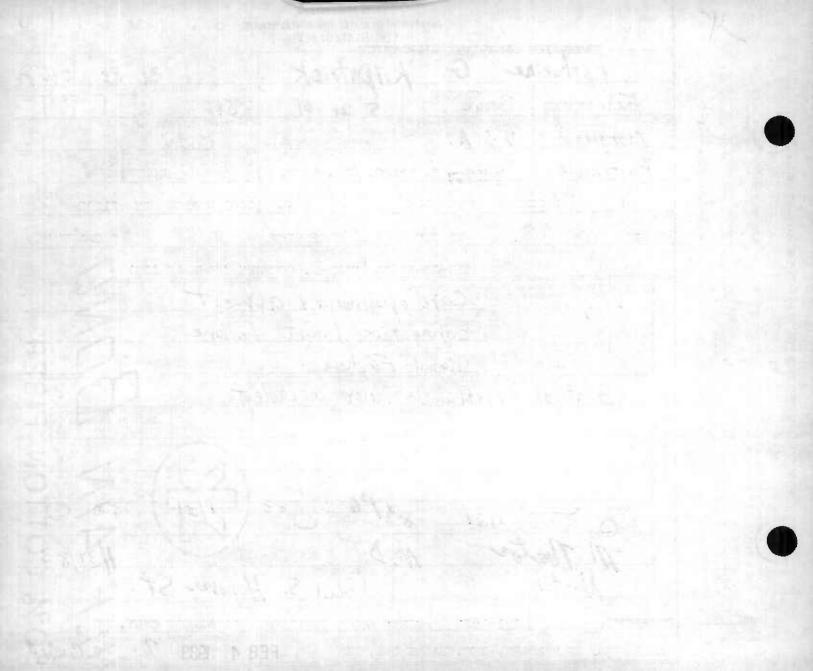
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<u>Marriottsville</u>

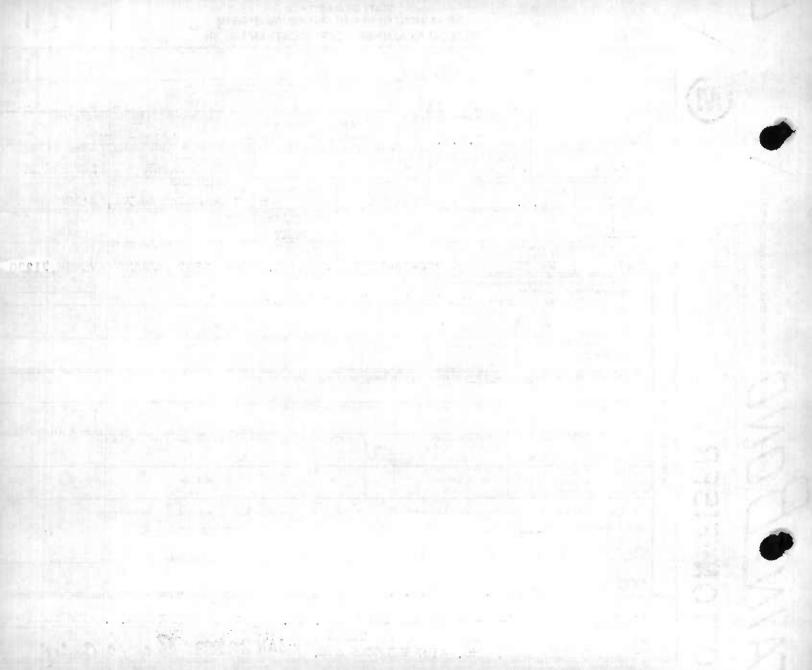




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e d ja	3 SE	420			CASIAN	5. DATE O	DAY YEAR	6. AGE (IN YEARS	_	IF UNDER 1 YEAR	IF UNDER 24 HRS
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· 大公丁		XXXXXXXX		17.7	A .	WIDOW	DIVORCED		ity		M
1 11 2/1	10. C	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NUF		OR OTHER INSTITUTION	120 USUAL OCC	UPATION MOST OF WORKING LIFE		F BUSINESS OR
1 11 10	1	Kaltimo	He/	XXXX	XXX S.	BALTO.	GEN. HOSP.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HOMEM		
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((E & E 2		MD	BALTI		DUNDA	LK	YES NOXX		ADOW WAY	21222	
arthur day	14 E.	ATHER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN				
ba apple	L	DUIS		H.	KANIT	Z	CATHERINI		DDLE	O GRAI	
d co	160	VAS DECEASED EVER			166 SOCIAL SI	ECURITY NO.	17. INFORMANT	7	ADDRESS		
be exe s. Page		NO OR UNKNOWN)	(IF YES, GIVE)	WAR OR DATES)	219-32	-5502A	MARY E. CO	JRSEY (SAM	E AS 13E)		31.0
hysicis saper aval.		18 CAUSE OF DEAT	H (Enter anly	ane cause per	line far (a), (b)	and Ici.		_1		APPROXIM BETWEEN O	NATE INTERVAL
a ph on p emo	16	PART I. DEATH W	IMMEDIATE		Caro	10D41	mohary C	7 hesi			
h ce carb or r		5860		DUE TO. O	R AS A CONSE	OUENCE OF	1 1	0.1			
deat ave tran,		Canditians, if any,		((b)_	cong	estille	heart	+ Gilure	2	100	
the rema		gave rise to imn couse (a), statin	g the	DUE TO. O	R ASACONSE	OUENCE OP				POS	
that d by ease al, cr		underlying cause	last.	(c)_	Rena	1 Fa	ilute .				
ires anec an pte buri		PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR	CONDITION GIVE	N IN PART I (a	
The r to	O	Bila	teral	Celle	stal 1	lascu	lar acci	dent			
ow ramit prior	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY	20b IF YES,	, WERE FINDING	GS USED
The It	E							YES NO		CAUSES (NO T
ZSSOTO	18	210. ACCIDENT WAS UNE		216 TIME O	F INJURY M. MONTH	DAY VEAD	21c. HOW INJURY OCC	URRED (ENTER NATURE	DE INJURY IN ITEM TO PA	RT 1 OR PART 2)	
SICIA ng ph certifi vriol-tr ental ltem 1	18	OR CONTRIBUTING (P.		19					
his of his of his of his of his of his	MEDICAL	21d. INJURY OCCURE		21e PLACE			21f. LOCATION	CIV	Y OR TOWN	COUNTY	STATE
offer trer trer trer tres	₹	WHILE NOT WH	ILE .	(AT HOME STR	EET, FACTORY, OFFI	CE FARM ETC }	SIRECT	Cil	OK TOWN	COUNTY	STATE
Af Se of the sealth		220.1 certify that (%	this haspita	Dattended the	e deceased fro	m	6 19.8	3 10 11	31	9831	hat (1) (we) los
Pital Pital Pital For u		saw the decease above (1)(we)(a	d alive on_	view the Hardy	ottor doub	83,01	nd that in (my) (our) opini	an death occurred an	the date and haur		
hos hed ept.		226. SIGNATURE		view rife budy	arter dearn.		DEGREE			27c DATES	IGNED
the the location of the locati		-11.	7/00	you		MD	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	1/31	18-3
AN Stod	1	22d. PHYS/CIAN'S NA	ME (TYPE OR F	PRINT)		11101	22e ADDRESS		TOICIAIV	4	10
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: If		110	stor				2001 S	Honole	v Ct.		
5 g s g g g	23e.	BURIAL, CREMATION,	REMOVAL	23b. DATE	1 2	31 NAME OF C	EMETERY OR CREMATOR	123d LOCATION	V		
BP		SPECIFY		The same of	1974			CITY OR TO	WN	COUNTY	STATE
		EMATION JNERAL DIRECTOR	77.135	2-1-19	983	GREEN M	OUNT CREMAT	ORY BALTI	MORE CITY		IDE
DHMH - 16 50M 1/B1 (VRA 15, 4)		LTER BROOK	S BRAD	LEY. TI	NC. BAL.	TIMORE.			83 Joe	0 /	24:11
	1127								00	more	money



20M 4/82



Wm. March F/H 1101 E. North Ave.

FOR

STATE

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

(0

YES T

COUNTY

COUNTY

250. DATE RECED BY REGISTRAR 25b. REGISTRAR'S SIGNAT

22c. DATE SIGNED

IF UNDER I YEAR

INDUSTRY

2h HOUR

12h KIND OF BUSINESS OR

LAST

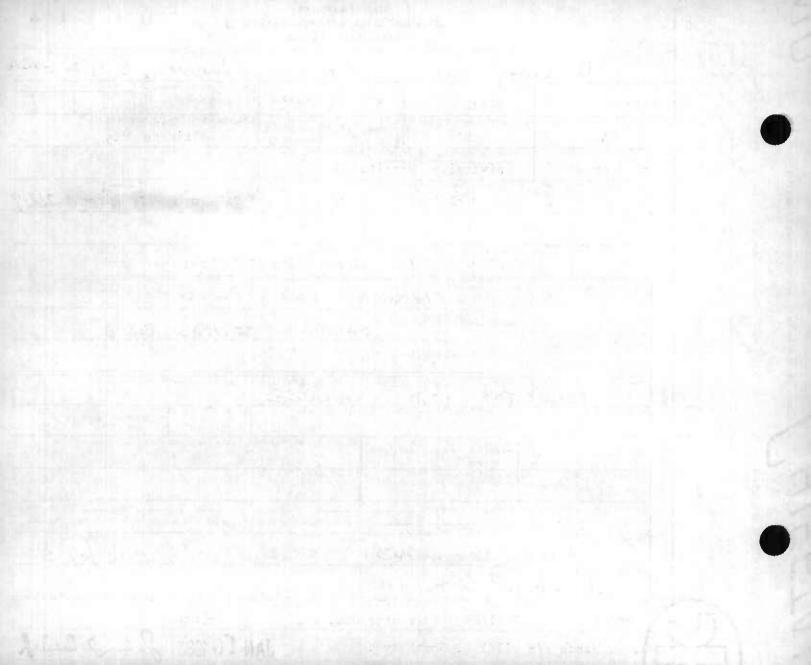
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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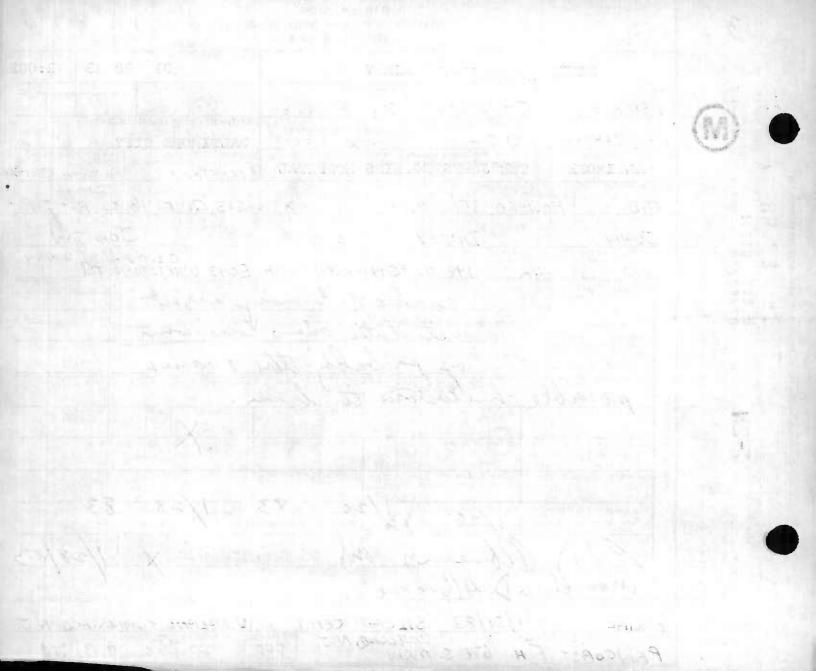
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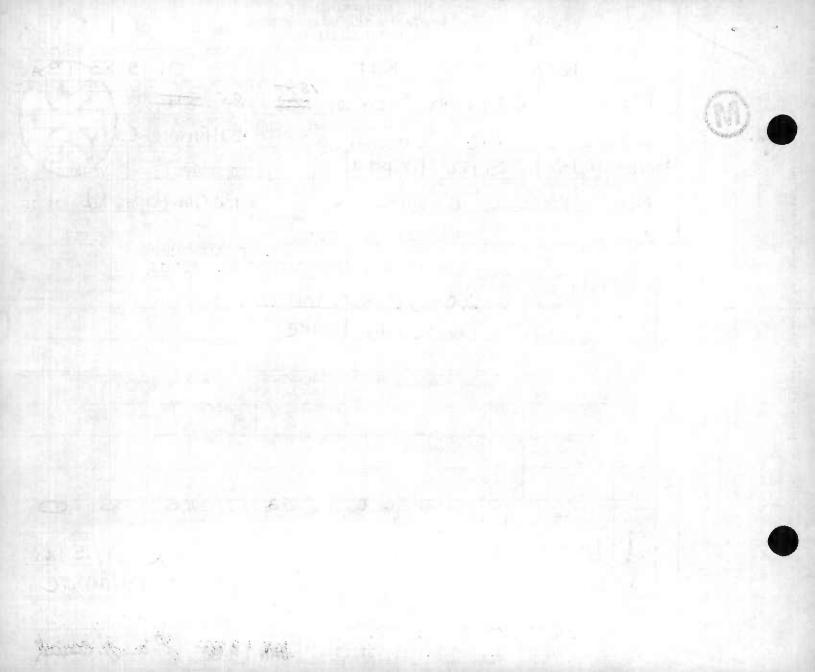
20. DATE OF DEATH MONTH



(VRA 15, 4)



FOR



1	1	FOR			TE OF MARYLAND HEALTH AND MENTAL HY	CIENE O	0.1	3 8
1	1.	- STATE REGISTRAR			FICATE OF DEATH	REG. NO	0.	1 1 3
nay be page 3 sr death		CEASED NAME, FIRST	MIDDLE	The	i 7		MONTH DAY YE	3 326 AM
der 4 may	3. SE	×F	Laus	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS DAYS HOURS MIN
(M)	6	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT C	OUNTRY? 8. MARRI WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY O		
1 90	10. C	Balto.		AL, NURSING HOME (, GIVE STREET ACCRESS)	or other institution	120. USUAL OCCUPATI	F WORKING LIFE) INDUS	IND OF BUSINESS OR STRY nemaking
AND 212	USU 130.,	AL RESIDENCE (IF MURSING HO STATE	HTY 13c CIT	DENCE BEFORE ADMISSION Y OR TOWN HERUTITE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	neidaek	1993 Od.
MARYL, red within ond 2 sl	14 F	Valentine	MIDDLE	Hoffman	15. MOTHER'S MAIDEN NA Helena	WIDDLE	T	Jmlout
be execution and control of the second contr		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b SO WE WAR OR DATES) 217-	-66-3719	17. INFORMATIGEO.	A Klein	Hemaco	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
DS, 201 W. PRESTON ST., quires that the death certific signed by the attending phy hen please remove carbon pto buriol, cremation, or remonjury, or other traumatic even	Z	PART I. DEATH WAS CAUSE 4292 IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A (c)	CONSEQUENCE OF UTING TO DEATH BU	T NOT RELATED TO THE TERA	AINAL DISEASE OR CON		IC mir
RECOR 10w report of prior reports of pri	TIFICATION	190 DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN CERTIFYING CA	INDINGS USED AUSES OF DEATH?
NG PHYSICIAN: The NG PHYSICIAN: The cortending physician (ffer this certificate has the buriol-transity in and Mental Hygier proceded or hem 18 show orked or hem 18 show	CAL CERT	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	R) P.M.	NTH DAY YEAR		RED (ENTER NATURE OF INJUI	LY IN ITEM 18 PART 1 OR PA	RT 2)
DIVISION NG PHYS Of the but the and M the and M orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU	IRY ORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUN	NTY STATE
ATTENDO sprtal or CTOR: A for use of Heal		220. I certify that (I) (this hasp saw the deceased alive an above, (I) (we) (did) (did no		19 83	and that in (my) (aur) opinion	death accurred an the de		
0 9 0 00 4		226. SIGNATURE D. MMMM	Filling	1 PA	DEGREE ATTENDING PHYSICIAN (MEDICAL STAI	FF J	DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be deti with the Store limportant:		DR. MAURICE	Feldma	n	6610 OROS	Country &	Slud.	
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 1-31-83		cemetery or crematory ood Cemeter	y Baltimo	re, Mary	land STATE
DHMH-16 30M 2/80	24 F	UNERAL DIRECTOR	Dune			TE REC'D. BY REGISTRAR	SV REGISTRAR'S SIC	Conself

STATE OF MARYLAND	23	- 2	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	9	0	

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO			
I DECEASED NAME FIRST	WIDDLE	LAS		20. DATE OF DEATH "		AY YEAR	2b HOUR
James	H. Klinef	elter		January 8,	1983		M
3 SEX	4. RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRTH		FUNDER I YEAR	IF UNDER 24 HRS
Male	White	Nov.	10, 1911	71	YRS.	ONIHS DATS	HOURS MIN.
Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR		OF DEATH	
JO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR		Baltimore 120 USUAL OCCUPATIO	N		F BUSINESS OR
Baltimore	Union Memori		ni to I	(TYPE OF WORK FOR MOST OF			Servic
SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	proar	Manufact.	Rep	Equip.	Static
13a STATE 13b CO	Baltimo	re	YES NO [13e. STREET ADDRESS	40th	Street	t 21211
4 FATHER'S NAME	MIDDLE LAST		5 MOTHER'S MAIDEN NA	ME MIDDLE		LAST	ī
James Gran	t Klinefelter		Rosa T	Schmaing			
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU	URITY NO. 1	7 INFORMANT	ADDRES	S		
No		4107	Armetta Kli	nefelter s	ame		
PART I. DEATH WAS CAU	DUE TO, OR AS A CONSCOU	ence of wis s	weleythe syndrome otic Hear			inu	male interval posset and death ediate years y Years
	restive Heart	DEATH BUT N	OT RELATED TO THE TERM		TION GIVE	N IN PART 11a	
CONG	. 196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED			WERE FINDIN	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C LIFETHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH D	AY YEAR	716. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	RT 1 OR PART 2)	
216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, I		11. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
sow the deceased alive obove, (1) (and) (did	on 12-21 19 not) view the body ofter death.		that in (my) (my) apinion	death occurred on the dat			that (1) (ma) last causes stated
22b. SIGNATURE	Touachi	DE DE	GREE ATTENDING PHYSICIAN	MEDICAL STAFF		22c. DATE :	SIGNED

Dr. Warren Israel

236 DATE

Ruxton Towers Apartments

STATE

23d. LOCATION
CITY OF TOWN
Pikesville 230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial Balto. 1/12/83 24 FUNERAL DIRECTOR
Burgee Funeral Home 3631 Falls Road 21211

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

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XX	1	FOR STATE REGISTRAR	7 (2-1)		CERTIF	EALTH AND MENTAL HYC	REG. NO.	1117
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(M)	3. SE		4 RACE	C. K	5. DATE C			IF UNDER 1 YEAR IF UNDER 24 HRS
0 10 E		Female	Whit	te	NOV		84 YRS.	MONTHS DAYS MOURS MIN.
deoth. Po	36 B	RTHPLACE (STATE OR FOREIGN COUNTRY)	L	WHAT COUNTRY?	WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OR COUNTY BALTIMORE CITY	OF DEATH MD.
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filled in rould be famough be		AL RESIDENCE (IF NURSING HOME OF STATE 134. COUR	ROTHER INSTITUTION NTY	136. CITY OR TOWN		13d. INSIDE CITY LIMITS?	Royal Oak, MI	
within within d 2 sh	14 F	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	
E, MA	16- 1	James VAS DECEASED EVER IN U.S. AR	M.	Stoner		Gertrud	e ADDRESS	Courtney
IMORE, Imode of Poges 1			/E WAR OR DATES)	16b SOCIAL SECUR	RILY NO.	Mrs. Charl	es S. Garland,	Balto. MD
ificate by physicial physicial papers novol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse pe D BY:	COPD	(c).1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST nding p torbon or ren atic ev		4960 IMMEDIA	TE CAUSE (o)	OR AS A CONSEQUE	NCE OF			
RESTC aften aften nave cotion, fraumc		Conditions, if any, which	(b)_	OR AS A CONSEQUE	NCE OF			
that the that the day the ease ren		couse (a), stating the underlying couse last.	DUE TO, C	DR AS A CONSEQUE	NCE OF			
RDS, 20 equires n signed Then plur r to buni	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	N IN PART lia
he law r on. the ramit been prior ows ony	CERTIFICATION	19a DATE OF OPERATION	19b. CONE	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 NG PHYSICIAN: The low requires that the death certificate be executed within 24 has oftending physician. We have certificate has been signed by the attending physician and completely filled in as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be the and Mental Hygiene prior to burial, cremation, or removal. The control of the medical examiner for a shown of the medical examiner for the action of the medical examiner for the control of the medical examiner for the medical examiner for the control of the contro		2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	DF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
VISION G PHYS G PHYS or this c the bur ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY OFFICE, FA		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN TENDIN TOR: Aff		22a.1 certify that the (this haspi sow the deceased alive on above: (1), (we) (did) (did			23	d that in (my) (our) opinion	, to	9_83, that the (we) lost
TAL OR AT y the hosp RAL DIREC detoched f detoched f uri. If them 3		22b. SIGNATURE				DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR □ PHYSICIAN	22c. DATE SIGNED
SPITA d by INERA De Sta		22d. PHYSICIAN'S NAME (TYPE C				22e ADDRESS	J DIRECTOR FRITSICIAN	1 1 0 2 1
CO HOSPITAL		Dr. Brian H					orial Hospital,	Balto., MD
BP		URIAL, CREMATION, REMOVAL Cremation	1/17	/83	Gree	Mount	23d. LOCATION CITY OR TOWN Balto.,	COUNTY STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)		INERAL DIRECTOR Henry NAME D5 York Road					N 1 7 1983	Ar'S SIGNATURE.

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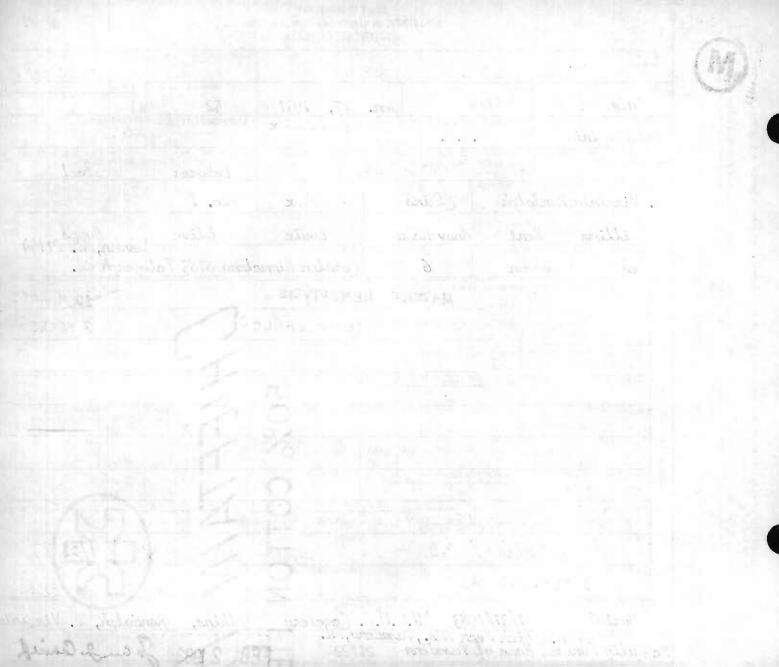
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(VRA 15, 4)

STATE OF MARYLAND

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20M 4/B2

STATE OF MARYLAND

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FOR

- STATE

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DHMH - 16 50M 4/82

(VRA 15, 4)

REGISTRAR

Mary Halloran / 1514 Doxbury Rd. (21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE ON CONDITION GIVEN IN PART 100 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my Lour) opinion death occurred on the date and hour and from the causes stated 17t DATESIGNED 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE Sacred Heart Jesus Burial Baltimore Co., Md. 24. FUNERAL DIRECTOR 25a. DATE REC'D BY REGISTRAR Lilly & Zeiler Inc. 700 S. Conkling St.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

126. KIND OF BUSINESS OF

(21224)

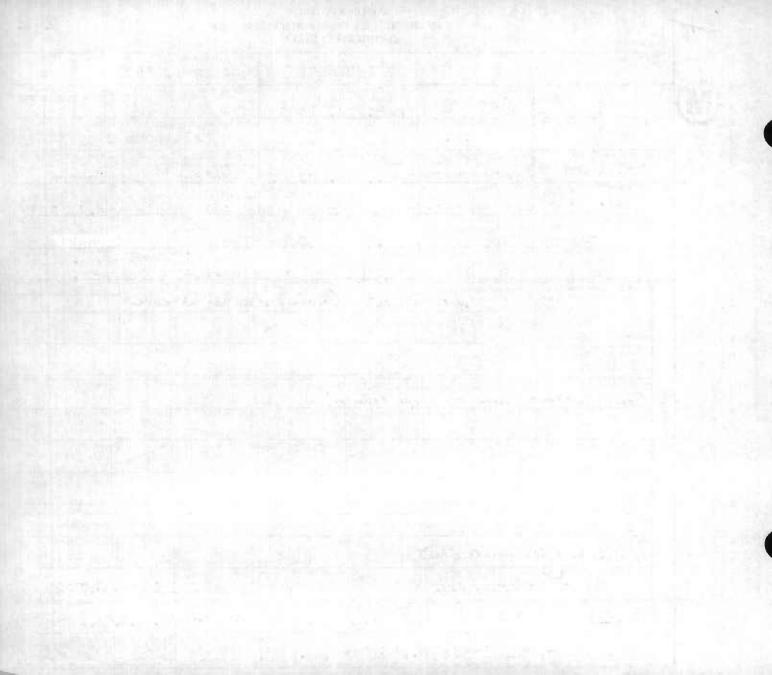
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1-24-83 (427) 3-4-32 Proper vanta introd Statut Ball ercelefel bas Dynak ACC BOSTATE AVE. (21980) John as C. Molibeon Helve Editor. 199-10-21 1: Mary Helloren / 1921 Doxoury M. (21204) Surial Jan. 20, 1981 Santed Fast Joseph - - Dalytone Co. 18. JAN 2 BAROS X Completer of ifily a witer Iro. Wo B. Compting Bi.

46	1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. N		1 2
		CEASED NAME FIRST STET	JE	KOPCHINSKI	January 4		2b HOUR
M)	3. SE	Male	White	5. DATE OF BIRTH MONTH DAY VEAR Dec. 24, 1905	6 AGE (IN YEARS LAST BIR		FEAR IF UNDER 24
97		RTHPLACE (STATE OR FOREIGN Poland	76 CITIZEN OF WHAT COUNTRY U.S.	MARRIED X NEVER MARRIED WIDOWED DIVORCED	-	imore Ci	
#3		Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET SOUTH BALTT		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUS	op Business TRY Oyard
300		AL RESIDENCE (IF NURSING HOME OF STATE Md. 136 COULD ATHER'S NAME FIRST JOSEPH	Balti		ME	oris Ave Wydazyn:	(2] 22
medical		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		Mil	lersville,	Md. 2110
ir ta burial, crematian injury, ar ather traur	ION	Consettive Hear		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	DITION GIVEN IN PAR	Τ 1(σ)
lene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED ISES OF DEATH NO
and Mental Hyg	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE OCTOWHILE AT WORK A WORK		19 211 LOCATION	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PAR	
with the State Dept. of Health h		22a. I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did no 22b. SIGNATURE	tol) ottended the deceosed from 1) view the body ofter death. ORPRINT) Chwartz, M.D.	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	death occurred on the do	22c. D	ATE SIGNED 5/1982
* *	23a. l	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY Len Haven Mem. Park	Glen Burn	ie, A.A.Co	, Mary
0M 1/B1 , 4)		uneral director corge J. Gonce,	4001 Ritchie Hg.	,Baltimore,Md. JAN	TE REC'D. BY REGISTRAR		Shull



STATE OF MARYLAND

DEDADTMENT OF MEALTH AND MENTAL HYCIENE

1	1	2
		- Chap

FOR STATE REGISTRAR	DEPARTI		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	0112			
I. DECEASED NAME FIRST (TYPE OR PRINT) Vale:	ntini N. Ko	smides	T .	January 7, 19				
3. SEX Female	4. RACE White	5. DATE OF	BIRTH 29,1892 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 90	FUNDER LYEAR IFUNDER 2 MONTHS DAYS HOURS RS.			
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	P BALTIMORE CITY <u>Or</u> COU City	INTY OF DEATH			
Baltimore	11. NAME OF HOSPITAL, NURSING		OTHER INSTITUTION	HOUSEWITE OF WORK	12b. KIND OF BUSINES INDUSTRY			
USUAL RESIDENCE (IF NURSING HOME 134 STATE 136. CC	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		34. INSIDE CITY LIMITS?	13. HHOTOMEMlet	Avenue 21214			
John	MIDDLE LAST Saraf		IS. MOTHER'S MAIDEN NA/ FIRST Katherir	MIDDLE	Daskalakis			
160. WAS DECEASED EVER IN U.S.			Mrs. Fevronia	ADDRESS				
	DUE TO, OR AS A CONSEOU		2 0	INAL DISEASE OR CONDITION	N GIVEN IN PART TO			
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEAT YES NO			
OR COLUMN TO THE OF		PAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE				
OR CONTRIBUTING CAUSE OF	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		211. LOCATION STREET	CITY OR TOWN	COUNTY S			
sow the deceased olive	220.1 certify that (1) (this hospital) attended the deceased from 19 , that (1) (we saw the deceased olive on 19 , and that in (my) our) opinion death accurred on the date and hour and from the causes sto above (1) (we) (did) (did not) view the body ofter death.							
226. SIGNATURE 226. PHYSICIAN SNAME (TV	K-Johoff	· un	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN Towson, M	210. DAJE SIGNED 1 7 8 d. Rm 210			
Benjamin Y	orkoff MD	Cold,	St. Joseph	Professional B				
230. BURIAL, CREMATION, REMOVE BUFIAL	23b. DATE 23c. Jan. 10, 1983 G		METERY OR CREMATORY	Woold Tawn I	Baltouniv Md.			

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

24. FUNERAL DIRECTOR
Leonard J.

J. Ruck Inc. Baltimore, Maryland

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9	TA	TE OF	MARY	LAND
DEPARTMENT	OF	HEALT	H AN	D MENTA

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1	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	01124
	DECEASED NAME FIRST TYPE OR PRINT) Madel	ine Ina	Koterwas	20 DATE OF DEATH MONTH	9 83 4:15 au
3.	sex female	4. RACE white	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 53 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT Baltimore City	TY OF DEATH MD
	Baltimoe	St Agnes Hos	NG HOME OR OTHER INSTITUTION ADDRESS) Pital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING EX.Secretary	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Monumental
	SUAL RESIDENCE (IF NURSING HOME, a. STATE			130. STREET ADDRESS	ois Ave. 21227
14.	Franklin	K. Gilbert	15. MOTHER'S MAIDEN NA Edyth	MIDDLE	Jessop
160	(YES, NO OR UNKNOWN) 1 IF YES, G	RMED FORCES? 166. SOCIAL SECU 217-24-		ADDRESS TWAS 3006 Illi	nois Ave.
	PART I. DEATH WAS CAUS	ATE CAUSE (a) Respura	long Arrest Static Gastric	Carcinoma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

WHILE

Burial

19a DATE OF OPERATION

CERTIFICATION

(this haspital) attended the deceased from

NOL 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e. PLACE OF INJURY 21d. INJURY OCCURRED

21f LOCATION

CITY OR TOWN COUNTY

(my) (our) opinion death occurred on the date and hour and from the causes stated

22h. SIGNATURE

22a.1 certify that (V

NOT WHILE

DEGREE mo

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

ATTENDING

PHYSICIAN

MEDICAL STAFF

22c. DATE SIGNED

NO [

STATE

23a. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Holy Cross Cem.

228 ADDRES

2, and that

23d LOCATION CITY OR TOWN

Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Balto., Md. 21225 Gonce F.H. 4001° Ritchie Hgwy. 24. FUNERAL DIRECTOR

23b. DATE

250. DATE REC'D. BY REGISTRAR 2500 REGISTRAR'S SIGNATURE

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IMPORT,

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE LAST 2a. DATE OF DEATH I. DECEASED NAME FIRST 2b. HOUR [TYPE OR PRINT) ALEXANDER KRISTAPONIS JOSEPH 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX MONTH DAY YEAR ONTHS DAYS 18 MALE WHITE 05 03 64 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED ENEVER MARRIED COUNTRY Baltimore DIVORCED T PENNSYLVANIA U.S.A. WIDOWED ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ST. AGNES HOSPITAL CHEMICAL ENG. F.M.C., INC. BALTIMORE USUAL RESIDENCE (IF NURSING HOMEOR OTHER HISMITOTION OF RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 732 WARWICK ROAD. 21229 NO X BALTIMORE KENSINGTON YES T MARYLAND 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE 33 PETRILAITIS PETRONELLA KRISTAPONIS ZIGMAS ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 21229 IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 732 WARWICK ROAD VERONICA A. KRISTAPONIS NO 164-18-7066 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for 10), for, and 10 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO. OR AS A CONSEQUENCE DE Conditions, if pny, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. | WHILE NOT WHILE AT WORK AT WORK 220. I certify that M (this hospital) attended the deceased fro _. that (I) (we) lost saw, the declared alive of and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22r. DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN [DIRECTOR | PHYSICIAN SICIAM'S NAME 77s ADDRESS AGNES HOSPITAL CATON 900

DHMH - 16 50M 4/82

FUNERAL I

(VRA 15, 4)

24. FUNERAL DIRECTOR

(SPECIFY)

BURIAL

230. BURIAL CREMATION-REMOVAL

02-01-83

23b. DATE

NEW CATHEDRAL

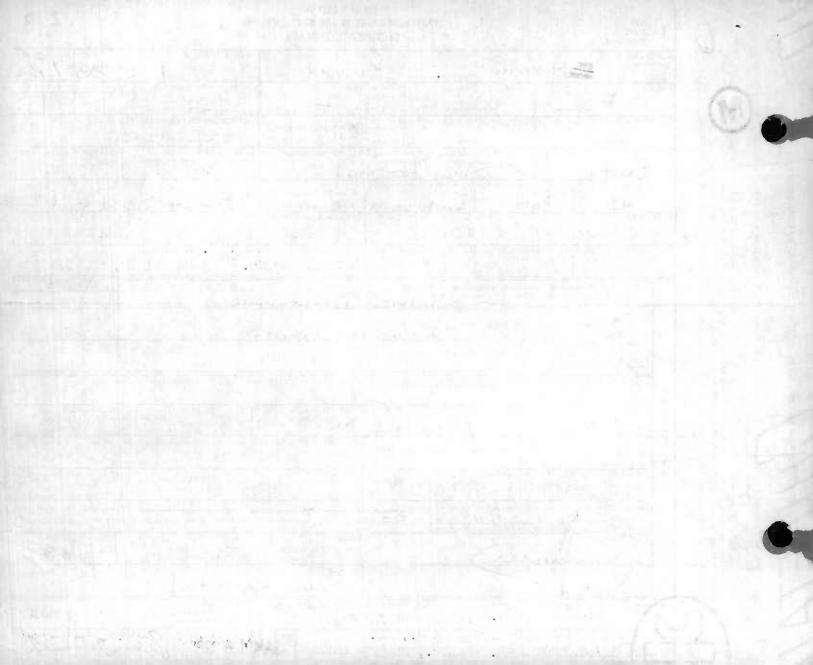
231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION BALTIMORE CITY

MARYLAND

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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STATE
REGISTRAR | DEPAR | STATE OF MARYLAND
TMENT OF HEALTH AND MENTAL HY
CERTIFICATE OF DEATH | GIENE 8 3 0 | 1126 |
|--|---------------|--|--|--|--|--|
| be eath | | CEASED NAME FIRST | Abeth B. | Kurland | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR O |
| M | 3. SE | × F _{EMALE} | 4 RACE WHITE | S. DATE OF BIRTH MONTH DAY YEAR OH 15 | 6. AGE (IN YEARS LAST BIRTHDAY) YRS. | FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| n 7 merch 7 me | 70. B | RTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA | 76. CITIZEN OF WHAT COUNTRY USA | 7 8. MARRIED ⋈ NEVER MARRIED □ WIDOWED □ DIVORCED □ | BALTIMORE CHY OR COUNTY BALTIMORE (| |
| s ofter d | 10. C | Balt. | 11. NAME OF HOSPITAL, NURS | ING HOME OR OTHER INSTITUTION ET ADDRESS) + CSD + CA | 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOUSEWIFE | 12b. KIND OF BUSINESS OR
INDUSTRY
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ould be in | USU
13a. | STATE | ROTHER INSTITUTION. GIVE RESIDENCE BEFORM 134 SITY OR TO Kaudal | WN 134. INSIDE CITY LIMITS? | 130. STREET ADDRESS SEE SEE | orid Road 211 |
| completely 1 and 2 sh | 14. F | JOSEPH | MIDDLE BROWN LAST | 15 MOTHER'S MAIDEN N | AME
MIDDLE | MALINSRY |
| n ond co | | VAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL SEC | 17. INFORMANT
8824 SIGRID | RD. RANDALLSTON | VN, MD 21133 |
| equires that the death is signed by the attend. Then please remove ca. The buriol, cremotion, c. injury, ar other trauma | NO | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO | furcted Bowe | MINAL DISEASE OR CONDITION GIV | /EN IN PART I to |
| The law ricion. The has been ssit permit. Giene prior | CERTIFICATION | 190 DATE OF OPERATION | Abdon | HOPERATION WAS PERFORMED | YES NO NO YI | S, WERE FINDINGS USED
FYING CAUSES OF DEATH?
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or ontending physicion. After this certificate has been
te by and Mental Physician permit. old no and Mental Physice prior
marked or tem 18 shaws any i | MEDICAL CE | 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED WHILE NOT WHILE AT WORK A WORK | HOUR A.M. MONTH | DAY YEAR
19
211. LOCATION | RRED (ENTER NATURE OF INJURY IN ITEM 18 | COUNTY STATE |
| by the hospital by the hospital BERAL DIRECTOR: se detached for us State Dept. of He 21 is | | 220.1 certify that (1) (this hosp | oital) attended the deceased from 19. at view the bady after death. | DEGREE ATTENDING PHYSICIAN 120- ADDRESS | MEDICAL STAFF | or and from the causes stated 22c. DATE SIGNED 1 1168 |
| TO HOSPI
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TO FUNE
should be
with the S | 230. | BURIAL, CREMATION, REMOVA | 7437 40 4 | NAME OF CEMETERY OR CREMATORY HEBREW YOUNG MEN | HOSPITAL
23d. LOCATION
CITY BALTIMORE | COUNTY MARYLAND |
| DHMH - 16 50M 4/82
(VRA 15, 4) | | UNERAL DIRECTOR SOL | LEVINSON & BRÓS | 1 112 | TE REC'D. BY REGISTRAR 250 REG | 0 / |



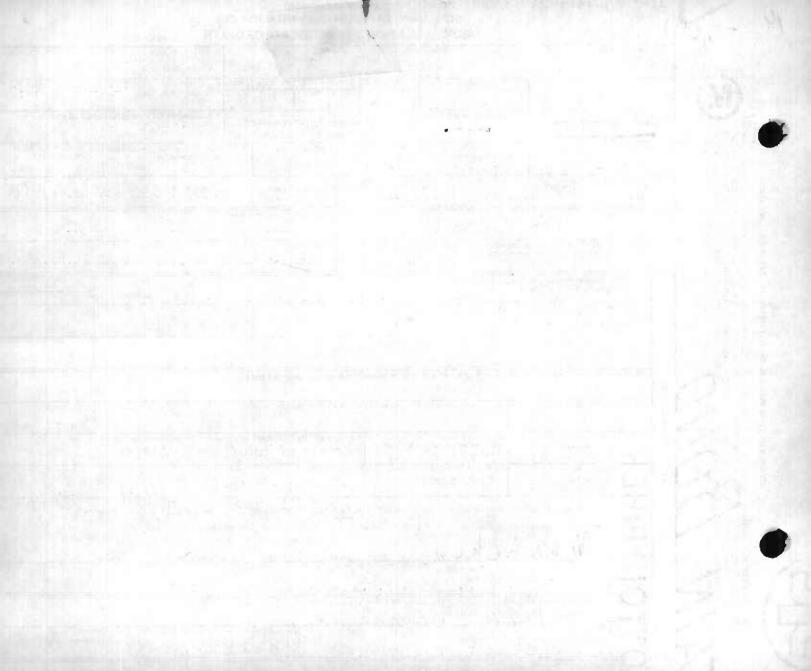
1005 Dundalk Ave. 21224

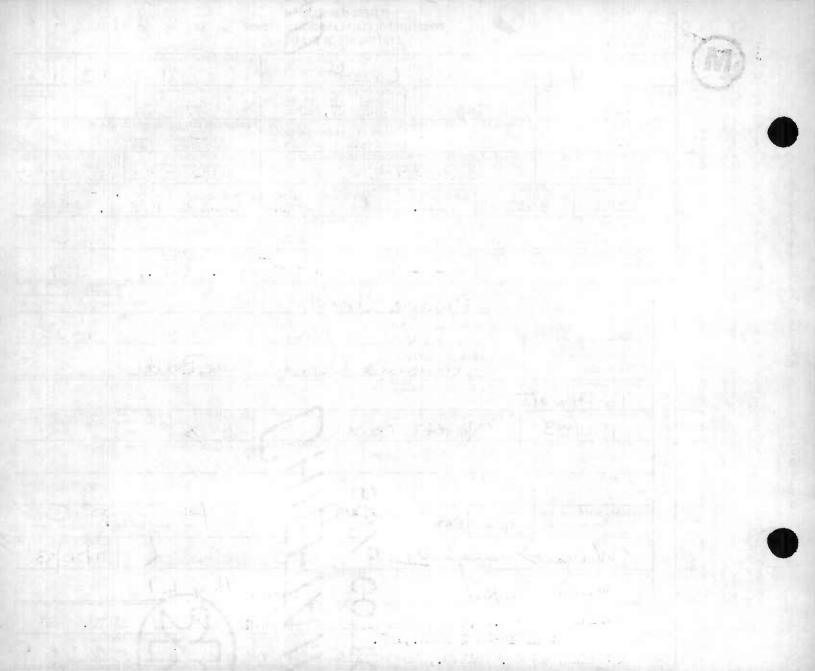
Walter Dabrowski

STATE OF MARYLAND

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0		CEASED NAME E OR PRINT)	FIRST	TO DATE KNOWN L									DAY	YEAR	25 HOUR
MET.	3 SEX	TA RA	ANDRE Ernest APOINTE DEATH MATED 1 1-									MONTH	DAY	YEAR	M HOUR
(1)				June 3.	YEAR L		MONTHS DAYS			RONOUNC	ED	1-29	9-83	0	1:34
-	70. B	male W RTHPLACE (STATEON CONCORDANTOS)	hite	76 CITIZEN OF WI		2 8	ARRIED TO	NEVER MARK	RIED 🗍	9. BALTIMO		-	Y OF DE		M
58		Chester N	lass	USA		W	DOWED [DIVOR	CED 🗆		timore				MD
AL. CONTRIBUTION OF GRANKECOKES, SAL		TY OR TOWN OF DI	EATH	- 100	CILITY, GIVE STREET	ADDRESS)	OTHER INSTI	ITUTION		AL OCCUPA OST OF WORKIN			OR II	NDUSTR	Υ
	USU A	altimore	IURSING HOME C	Univers	VE RESÍDENCE BEFO	RE ADMISSION)	4			gineer			-		Navy
35	130. 5	Md.	36. COUN	T.A.Co.	Annar	Seris	YES [DE CITY LIMITS?	13e STRE	53709ESE	Thomas	s Pt.	. Rd.	210	4503
20	T	THER'S NAME		R. LaPo	inte LAST			THER'S MAID Blanch		1/9°	DLE	ľ	Jagné	ST	
		ile" VAS DECEASED EVE	RINIIS AR		_	SECURITY NO		DEALICE	ie.		ADDRESS		1agire	-	
2	()	yes	TIF YES GIVE	WAR OR DATES)	033-12			chael	LaPoi			nomas	s Pt.	Rd.	Ann.M
	7	18 CAUSE OF DEA	ATH (Enter an	ly ane cause per line	far (a), (b), an	d (c).)							APPR	OXIMATE N ONSET	INTERVAL AND DEATH
BATIMORE, MARMAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NOI	gave rise to cause (a) statu lying cause las	Canditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)												
SIAL, O	CERTIFICATION	190. DATE OF OPER	RATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUTOPSY? YES XX NO		
- B	ERTI	210 EXTERNAL CA		21b. TIME OF		12	It. HOW INJU	JRY OCCURR	ED LENTER N	ATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PAR		S X.X	NO L
3		UNDERLYING X		DEATH P.M		19		r of a	uto/a	uto co	llisi	on			
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\$) "	1	death resulted fro	im: Natur	ral causes .	Accident X	Suicide	L, Ho	micide .	Undete	rmined manr	ner .				
RE, MAI		ACTUAL SIGNATURE	Capil	E line Ihr	ell			(SPECIFY)	MEDI	CAL EXAMIN	NER	DATE	-30- 8	83	
CITIMO	6	EXAMINER'S NAM (TYPE OR PRINT)	E Mai	rgarita A	. Korel	L.M.D.	ADDRES	s111		Stree	†				
BA	23e.B	URIAL, CREMATION	REMOVAL 2				RY OR CREMA		CITY O	CATION		COUN	VIV	STA	TE .
-	24. F	Burial UNERAL DIRECTOR		2/3/83	Crow	wnsvil]	e V.A.	Cem.	REC'D. BY	OWNSV.	The REGIS	Md TRAR'S S	IONATUR	RE /	
7 (5))		Hardesty	Funera	1 Home 12	Ridgel	v Ave	Ann.	MEEB		83	ban	-de	suc	4	
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1	FOR STATE			DEPART	MENT OF	TEALTH AND MENTAL HY	GIENE 8 5	UI	1 3 6
	REGISTRAR				CERTII	ICATE OF DEATH	REG. N	10	
1. DE	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		EAR 2b HOUR
(TYPE	OR PRINT)	TOTAL	7	D T	mann	T	TANTITATIVE	20 1002	10.25
3. SE	<u> </u>	JOHN	I. RACE	D. L	EBRUI		JANUARY	28,1983	10:25
. SE					MONT	H DAY YEAR			DAYS HOURS MI
	Male		White		Marc	h 9 1933	49	YRS.	
	RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF DEAT	r H
	aryland		USA		WIDOWI		DUTTING	E CITI	A
10 CI	ITY OR TOWN OF DE	ATH . 1		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPAT		IND OF BUSINESS C
	BALTIMOR	E				NS HOSPITAL	/m M mm		chinerv
	AL RESIDENCE (IF NUR	ING HOME OR C	THER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)			2,200	J.I.L.II.C.L.J
	d.	A A		Severna		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 561 West		6)
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		D1115 1D1	50.500.55-0			Doris	ADDE	Lein	
00 V	VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT		1535	
	NO			215-30-	6749	Helen Whitm	er (same as	13e)	
	couse (a), statis underlying couse		DUE TO, O	R AS A CONSEOL	JENCE OF				
NO	PART 2. OTHER SIG	NIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	NDITION GIVEN IN PAR	RT 1(o)
CERTIFICATION	19g. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED
FF	and of ballion						YES TO NOW	IN CERTIFYING CAL	USES OF DEATH?
ER	21a, ACCIDENT WAS UNI	DERLYING []	21b. TIME C	OF INJURY		1216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJ		
-	OR CONTRIBUTING		n		AY YEAR	1 1 1 1 1 1			
MEDICAL	216. INJURY OCCUR			.M. OF INJURY	19	211. LOCATION			
MEI	WHILE NOT WE AT WORK	HILE		REET, FACTORY, OFFICE.	FARM, ETC }	STREET	CITY OR T	OWN COUNT	TY STATE
	22a.1 certify that	this hospita	ol) ottended th	ne deceased from .			3,10 1/28		3, tho (1) we) lo
	sow the deceos above (I) (we)	ed olive on _ did) (did not)	view the body	after death.	83,0	nd that in (my) (our) opinio	n death occurred on the o	date and hour and from	n the causes stated
	226. SIGNATURE	> ~	6	^		DEGREE		22¢. C	DATE SIGNED
	5	=	1	Low		MD ATTENDING PHYSICIAN	MEDICAL STA		28 83
	22d. PHYSICIAN'S N.	AME (TYPE OR	RINT	11		22e ADDRESS			-
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- {	BURIAL, CREMATION,	KEMOVAL	23b. DATE			EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
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DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Burial 1/31/83 G.

Address

George J. Gonce F.H. 4001 Ritch:

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6	1.	FOR - STATE REGISTRAR		DEPART	MENT OF HEALT	MARYLAND H AND MENTAL HYO TE OF DEATH	SIENE 8 3	0	1	3 1
m.c		CEASED NAME FIRST		MIDDLE	LAST		20. DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
poge 3		TRE	NE	C.	LEE		JANUARY	24. 1	983	11:55P.
s after o	3. SE	×	4. RACE	,	5. DATE OF BIR	DAY YEAR	6. AGE (IN YEARS LAST BIR	YRS.	DAYS DAYS	HOURS MIN.
M		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	S.A.	MARRIED X	NEVER MARRIED	9. BALTIMORE CITY O	10000		MD.
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should be fi	USU	AL RESIDENCE (IF NURSING HON			E ADMISSION) /N 13d.	INSIDE CITY LIMITS?	13e. STREET ADDRESS	100		
12	14. F/	ATHER'S NAME FIRST EDWARS	MIDDLE	LAST		AOTHER'S MAIDEN NA	ME	ARNE	LAST	
Pages Tong		WAS DECEASED EVER IN U.S.			1.0	NFORMANT	ADDRE (40,51 10)	SS		21224
hos been signed by the offer permit. Then please remove cane priar to burial, cremotian, ows ony injury, or other froum	CERTIFICATION	gove rise to immediate cause io), stating the underlying couse lost. PART 2. OTHER SIGNIFICATE Probable RISE	on a Fa	OR AS A CONSEQUE	<u>DEATH</u> BUT NOT		NINAL DISEASE OR CON	20b. IF YES,	N IN PART 1(a WERE FINDIN ING CAUSES	GS USED
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the bu	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	P.M. E OF INJURY TREET, FACTORY, OFFICE, F		LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
Ched for us Ched for us Dept. of He Mem 21 is	-	220. I certify that (1) (this his saw the deceased alive above (1) (we) (did) (did 22b. SIGNATURE	on 1/2 d not) view the bod	4 19	DEGR	ATTENDING PHYSICIAN [, to	F &		
TO FUNERAL Eshould be detowith the State [IMPORTANT: If		221 PHYSICIAN'S NAME (1)	-	50N		654 Wav	erly Wa	y E	Boilto 1	1 d
D		BURIAL, CREMATION, REMOVE (SPECIFY) BURIAL	/AL 236. DATE			TION AL CEM	23d. LOCATION CITY OF TOWN		COUNTY	STATE
AH - 16 50M 4/82	24 F	UNERAL DIRECTOR	n.00.	ADDRESS	21.0	250. DA	re rec'd. By registrar N 2 7 1983	254 EGISTR	AR'S SIGNATI	JRE

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ST TE	(TYPI	Pe PRINT)	arl				Le	e	January	30, 19	83	7:40 PM	
(MA)	3. SE	X	4.	RACE		5. (DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	
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19 g		IRTHPLACE (STATE OR FOR	EIGN 76	CITIZEN OF	WHAT COUN	NTRY? B.	ARRIE	□ NEVER MARRIED □	9. BALTIMORE C		Y OF DEATH		
1 75		Pennsylvania		U.S.A.			IDOWE	- CEP		re City		MD.	
by the filled with		Baltimore	1	111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WARY Land General Hospital					(TYPE OF WORK FOR Homemak	MOST OF WORKING L		DF BUSINESS OR	
filled in ould be	13a. S	AL RESIDENCE (IF NURSING STATE 13	how or o	THER INSTITUTION Y	130 CITY OR Balti	NWOT	ISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDR		lin Stre	et 21201	
ond 2 sh	14. F/	ATHER'S NAME FIRST Nomas Evans	MI	DDLE	LAS			15 MOTHER'S MAIDEN NA FIRST Mary Ann	ME	DLE	LAS		
Poges 1	16a. V	VAS DECEASED EVER IN		ED FORCES?	166 SOCIAL	SECURITY	NO.	17 INFORMANT	200	4 Tinke	r Drive		
Pogna H	No		N/A	TAN ON DAILS)	188-3	32-976	55	Pearl M. Way	gner Ft.	Washin			
physicio inpopers movol.			18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiac Arrest								minu:	MATE INTERVAL ONSET AND DEATH	
ottending ove corbo trion, or re		4960 Conditions, if ony, w	4960 Conditions, if ony, which Congestive Heart Failure Due to, Or as a Consequence of Congestive Heart Failure years										
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OR: A or use I is mo	1	22a.1 certify that (IX(th	nis hospito) ottended th	e deceased f	19 8:	nuar L on	d that in Yay) (our comion	Meath accurred	ary 30	ur and from the	that (X (we) lost	
DIRECTO sched fo Dept. of f frem 21	١.	obove, (Kirle) (did 77b, SIGNA) RE	diction		åtter deoth.	0	11	DEGREE	MEDICAL	STAFF	22c. DATE	SIGNED	
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ould be		Michael R			. M. D			c/o Maryla	and Gener	al Hospi	ital		
should by with the		BURIAL, CREMATION, RE				23c NAM	E OF C	METERY OR CREMATORY	23d LOCATION	V	COUNTY	STATE	
7		cemation	F	ebruary	1,198	3 Le	e's	Crematory		gton, D			

24 FUNERAL DIRECTOR Lee Funeral Home, Inc.

Old Alexander Ferry Road, Clinton, Maryland

DHMH - 16 50M 4/82

(VRA 15, 46633

- STATE

I. DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO.

2b HOUR

Washington, DC 250. DATE REC'D. BY REGISTRARYS. REGISTRAR'S SIGNATURE

FEB

20. DATE OF DEATH

And the second Listingon learner history of a

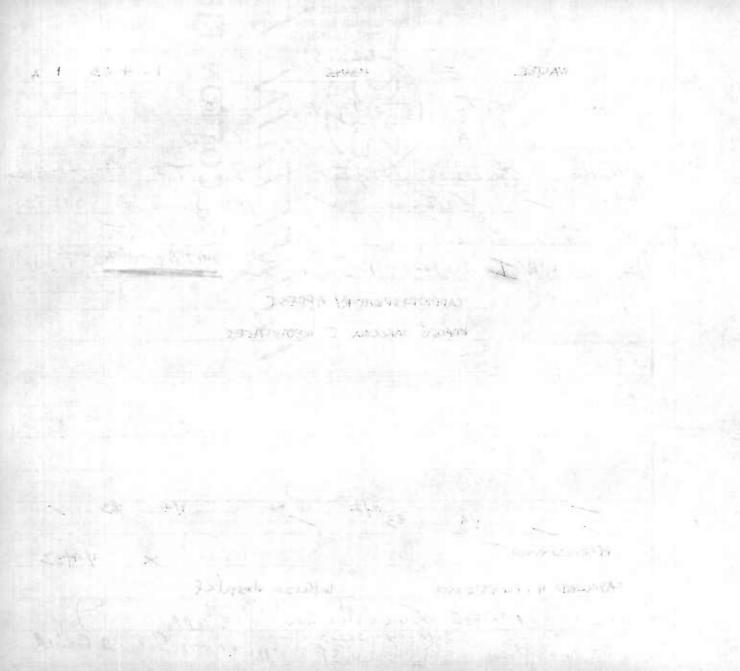
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR DECEASED NAME OF ESTI- MONTH 2b. HOUR (TYPE OR PRINT) Charles DEATH MATED Brian Lėwandowski 6. AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 1 YR. DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED White DEAD Male 11 14 82 14 1983 76. CITIZEN OF WHAT COUNTRY? g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. Baltimore City. WIDOWED [DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Baltimore Baltimore City Hospital Dependent ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21222 N36 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Dundalk NO IX 1609 Four Georges Ct. AptA2 Maryland 4. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE Lewandowski Bryan Elizabeth Marv Lam 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 1609 Four Getiges Ct. Apt.A-166 SOCIAL SECURITY NO Bryan J. Lewandowski-Balto. MD. 21222 No None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [71g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY III LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK CITY OF TOWN COUNTY Autapsy 220. I certify that I taak character the remains described above, held an Inspection death resulted fr arrol causes vicide L Hamicide Undetermined manner ACTUAL Deputy ChiefMEDICAL EXAMINER 1/15/83 SIGNATUR Thomas D. Smith, M.D. EXAMINER'S NAME III Penn St. Balto. MD. TYPE OR PRINT 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 1/18/83 Meadowridge Burial Howard Dorsey 24. FUNERAL DIRECTOR Duda-Ruck , Inc. 7922 Wise Avenue Dundalk, MD. 21222 (VR A15 ME (5))

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 etained by the hospital or attending physicion.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director should be detoched for use as the burial-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be filled within 72 hours aft
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1	1.	FOR STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 3	01134
(M)		CEASED NAME JATRUS	BELT	F	EWIS .	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR, 8
	3. SE		I RACE	5. DATE (6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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neral di n 72 ho	7a B	IRTHPLACE (STATE OR FOREIGN 7	L SA	MARRIE WIDOWI	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	OR COUNTY OF DEATH
ofter d	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY GIV	URSING HOME (OR OTHER INSTITUTION	128 USUAL OCCUPAT	OF WORKING LIFE) INDUSTRIALITORO
nours l in by be fill	USU	AL RESIDENCE (IF NURSING HOME OR OF COTATE 136 COUNTY	South. 13a	E BEFORE ADMISSION	n. Hosp.	Engineer	BETH STEEL
24 I		md.	IY 13c. CITY O	RTOWN	13d. INSIDE CITY LIMITS? YES K NO	13e. STREET ADDRESS	Decker Ave
mpletely and 2 sh	114. FA	THER'S NAME FIRST M M M M M M M M M M M M M	W. LA	* WLS	15. MOTHER'S MAIDEN N	AME	B& I+
e execut n and co Pages 1		VAS DECEASED EVER IN U.S. ARM		L SECURITY NO.	17 INFORMANT	Bar	Stimore, Md. 21205
0 000		es WWI	T 215-	14-0076	Florence	Lewis, 615	N. Decker Ave,
ificate physici nooper noval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:		auest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
th cert nding carbor , or ret		4149	DUE TO, OR AS A CON				
e dea move nation troun		Conditions, if any, which gove rise to immediate	((b) C	ardiae	suplanea		
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on. has bee to permit. ene prior	CERTIFICATION	19a, DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
IYSICIAN: T ding physici s certificate burial-transi Mental Hygist ri llem 38 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART OR PART 2)
ING PHYS r attending After this of as the bur Ith and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, (211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
STOR: 7 for use of Hea		220.1 certify that (1) (this haspital saw the deceased alive on above, (1) (we) (did) (did not)	1/19	97	183 , 19 ad that in (my) (our) opinion	to 18	, 19 23 , that (t) (we) lost ate and hour and from the causes stated
At OR A to the hose AL DIRECTOR AL DIRECTOR Dept. IT: If them		226. SIGNATURE	Neut		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF 1/18/83
TO HOSPITAL (TO FUNERAL I Should be deto with the State I		22d PHYSICIAN'S NAME (TYPEOR KAREN)	NEWTON		5. BALTO. 6	ENL HOSPITA	34
OT SAN M	23a. E	SPECIFY)	23b. DATE		EMETERY OR CREMATORY	23d LOCATION	- COUNTY CTATE
BP		Burial	1/22/83		ood Cem.		ore, Maryland STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	74 FU	NAME SCHIMU 3331 E	nek Funera Brehms Lane	Home, Balto		TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

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campletely filled in by the funeral directar s 1 and 2 should be filed within 72 hours af

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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EG. NO		

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0			
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	3. SE)	X		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY	IF UNDER TYEAR		
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-	16" BI	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY O		OFDEATH		
5		M ARYLAND		US	2.0		D NEVER MARRIED DIVORCXXXXX	BAIT	TIMORE	CITY		
-	10 CI	TY OR TOWN OF DEA	TH			WIDOWE G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINES	MD SS OR
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	_	MARYLAND			BALTIMO	RE,	YES XX NO 🗆	6210 PARI	HTS.	AVE.	#2121	15
16	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LA	ST.	
6		ABRAHAM			LIBERMA	N	BLANCHE			LIBE	RMAN	
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		18 CAUSE OF DEATH	H (Enter o	nly one couse per	fine for (a), (b), one	I (c).)		THE TOTAL		BETWEEN	ONSET AND D	ZAL DEATH
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		4251	2		R AS A CONSEQUE	NCE OF	1.					
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	Z	Plan	. 1	OND TONS CO	NOL. 11 1	TAIR	A A A A O	INAL DISEASE OR CON	DIFION GIV	EN IN PART I	0	
2	CERTIFICATION	19a DATE OF OPERAT	ION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h JE YES	, WERE FINDI	NGS LISED	
1	FF.								IN CERTIF	YING CAUSES	OF DEATH	
1	ERT	71g. ACCIDENT WAS UND	FRIVING F	1 21b. TIME OF	F INTURY		Tale HOW INDUST OFFICE	YES NO		S 🗌	NO []	
7		OR CONTRIBUTING		1.00.00	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	CED LENTER NATURE OF INJU	RY IN ITEM 18 F	PART (OR PART 2)		
1	CA	(IF EITHER NOTIFY MEDIC	-			19						
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		AT WORK AT WOR	IK L				0 0-		2	-3	LIV.	
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		22h SUSSIATURE	1 11	Q .us	MO SUCCESSION		DEGREE			22c. DATE	SIGNED	
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		274 PHYSICIAN'S NA	WE HEAM	M PRINTS			22e ADDRESS				-	
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DHMH-16 50M 1/81 (VRA 15, 4)

should be detached far use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior ta burial, TO FUNERAL DIRECTOR: After this certificate has been

marked or Item 18 sh

IMPORTANT: If Item 21 is

BURIAL JAN.10,1983 HEBREW FRIENDSHIP

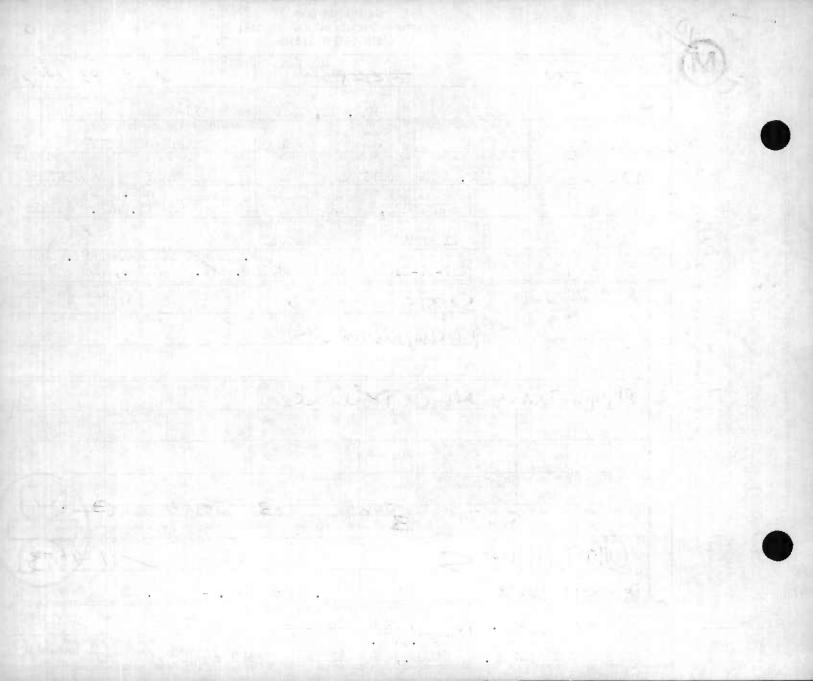
14 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.
6010 REISTERSTOWN RD. BALTO., MD 21215

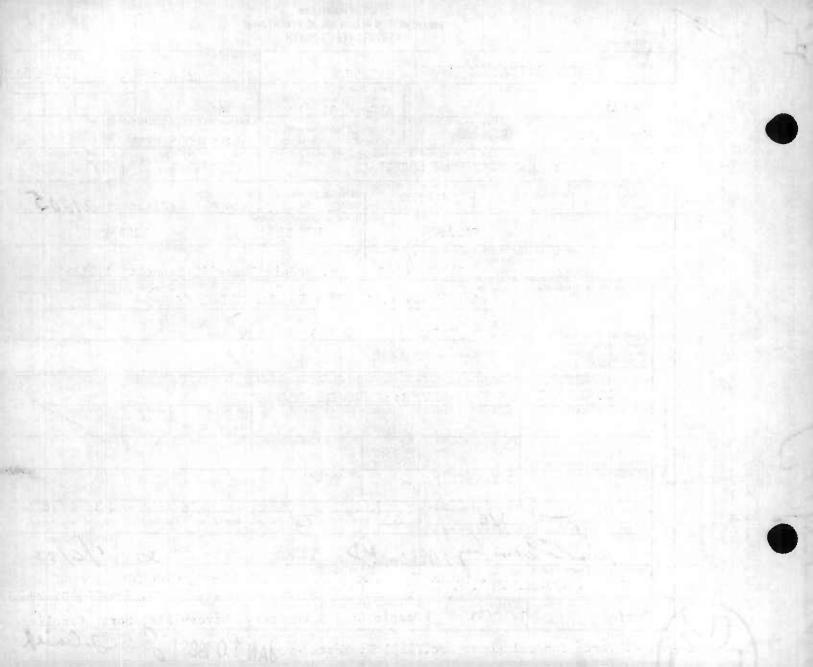
BURIAL

BALTIMORE

MARYLAND

250. DATE REC'D. BY REGISTRAR 256. DET STRAR'S SIGNATURE





27/2/20	Lte	em #5&6 Film G	575 1/26			OF MARYLAND	0 2	011	7 0
XI	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO.	0 1 1	3 0
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	3 SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	
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4		RTHPLACE (STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY	? 8	NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH	
	10	uth Car.	119	SA	WIDOWE		BALTIMORE C	ITY	M
24 6		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI		ROTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND (OF BUSINESS OF
yo s	1	BALTIMORE		JOHNS HO		HOSPITAL	(TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) INDUSTRY	
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2 6 E		yes 1		212 287	895	Mary Clark Z.	204 Allendale I		
ysici open vol.		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one cause po	er line far (a), (b), a	ndic	A L			XIMATE INTERVAL
ph on p			ATE CAUSE (o)_	Cardion	ulpyn	ary HUTCST		IMM	reducto
or roof		3030	DUE TO.	OR AS A CONSEQU	UENCE OF				
de of the		Conditions, if any, which	(d)		isesse	sepsio B	Celuis		
The second		gave rise to immediate cause (a), stating the	DUETO	OR AS A CONSEQU	IENICE OF	, ,	9		
by by l		underlying couse last.	(6)	CTOH	MG	use			
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Then sign	No.								
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ho hos	E						YES NO	YES [NO 🗌
ysic cote cote cote was Hyg	Ü	218. ACCIDENT WAS UNDERLYING	LICIA	OF INJURY A.M. MONTH [DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	18 PART T OR PART 2)	
Crain photos	1 ×	OR CONTRIBUTING CAUSE OF I	PEAIN	P.M.	JAT TEAK				
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ATTENDIN septral or CTOR: Aft of for use of the of the of the n 21 is mor		220.1 certify that (1) (this has sow the deceased alive	1///	10 deceased from		, 19,13	death accurred on the date and	hour and from the	
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		1	-Kut	Secretary and		TOAN	HUPKINS H	oshaw	
0 6 5 % W W	23a	BURIAL, CREMATION, REMOV.	AL 23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
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		UNERAL DIRECTOR	17070	111	1. 410		TE REC'D. BY REGISTRAN AND RE	GISTRAR'S SIGNA	TURE
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DHMH - 16 50M 4/82 (VRA 15, 4)	LE	ROYMO. DYETT 4	600 LIBE	ERTY HGTS	AVE	J.	N 71983	and G	muly

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			CANCEL PROPERTY.			

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in the feet	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
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MARYLAND 2120 et within 24 hours mpletely filled in by ond 2 should be fill examiner must be fill	USU 130	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDER	NCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
No ould		ryland -		timore	YES NO	3958 Southclare	Road 21213
rely 2 sh	14. F.	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA		
MAN ME TOUR SED		7 1.10		kard	Marv	WIDDLE	Lee
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ony ony	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
he lo on. hos r per ene	F	126 83) LUISTANS	re AN	ginA	YES NO YES	'ING CAUSES OF DEATH?
VIII N: Tilysicii tonsid Hygirla sh	1 8	210. ACCIDENT WAS UNDERLYING		ITH BAN MEAS	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
NOF VII. SKÍAN: T ng physici certificote ritiol-tronsi entol Hyg them 18 sh		OR CONTRIBUTING CAUSE OF DE		NTH DAY YEAR	10 20 20 10		
ON HYSI Iding Mis co buri	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	Y	21f. LOCATION	CITY OR TOWN	COUNTY STATE
VISI G Pl onter the	E	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC)	STREET	EIIT ON TOWN	COUNTY
NO or of the moor		22a.l certify that (I) (this has	pital) attended the decease	d from 12	683 19	10 1/2	9 that (I) (we) last
TEN Outol Our u	1		on 127		nd that in (my) (our) opinion	death occurred on the date and hour	and from the couses stated
R A A Hosp		22b. SIGNATURE	or) view the body after deat	in.	DEGREE		22c. DATE SIGNED
AL OR AL DIR		9	· NULCA	all	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/27/83
	1	226. PHYSICIAN'S NAME (TYPE	OR PRINT)		220. ADDRESS	J DIRECTOR E THIS GRANT BY	
TO HOSPITAL retoined by t TO FUNERAL should be det with the Stote		R114	+ <		JOHN S	to PICINS	Hos pintl
or or or or or or or or or or or or or o	23e	BURIAL, CREMATION, REMOVA	L 23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
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DHMH - 16 50M 4/B2 (VRA 15, 4)	I	illy & Zeiler,	Inc. 700 S.	*Conkling		FEB 1 1983 %	an Q. Capill
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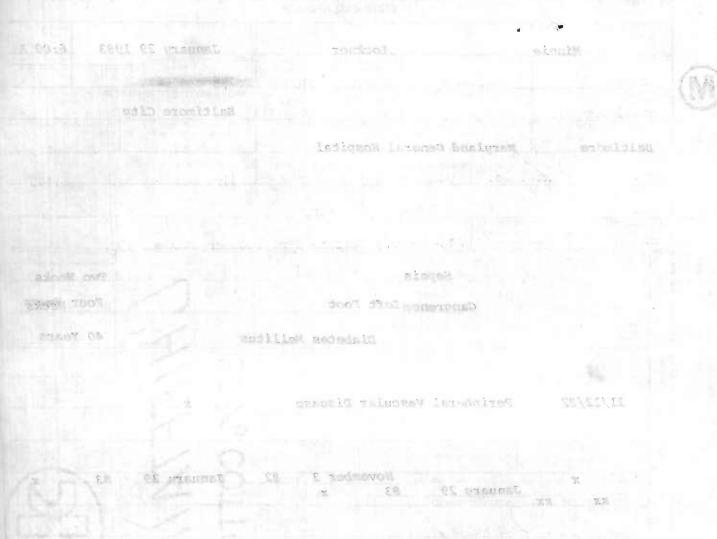
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	1-	STATE REGISTRAR			DEPAR		FICATE OF DEATH	REG. NO).	1 1	Eagl
		CEASED NAME	RST		WIDDLE		LAST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
			nnie			Too	ckner	Januar	29	1983	6:00 AM
	3. SE)			I. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
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,	7o. BI	RTHPLACE (STATE OR FOR	EIGN		WHAT COUNTRY	(2 8	EDXX NEVER MARRIED	9. BALTIMORE CITY O		Y OF DEATH	•
3	199"	Baltimore.Md	1.	USA		WIDOW		Baltimor	e Cit	u	MD.
d		TY OR TOWN OF DEATH		1. NAME OF		ING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATI	ON	126. KIND C	OF BUSINESS OR
X	,	Baltimore	1		ch facility, give stre		nenital	household	F WORKING (
di	USU/	AL RESIDENCE (IF NUIS PIC	HOAE OR	OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)				nou	sewife
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		THER'S NAME				J11	15. MOTHER'S MAIDEN NA	WE HOLDING	Lon	KO.	21113
6	M	lax	A	HDDLE	Gree	210	FIRST	WIDDLE		LAS	
		VAS DECEASED EVER IN	U.S. ARA	AED FORCES?	166. SOCIAL SE		Mary 17. INFORMANT	ADDRE	SS		ndler
	n		IF YES. GIVE	WAR OR DATES)	215-22	2670	Column Family				
1							Calvin Earl	ockner same	as	APPROX	IMATE INTERVAL ONSET AND DEATH
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	IFIC	11/12/02		Domin	h7 ***			YES NO	IN CERT	IFYING CAUSES	
-	ERT	11/12/82 210. ACCIDENT WAS UNDER		21b. TIME C		SCULA	r Disease 21c. HOW INJURY OCCUR		1		NO L
1		OR CONTRIBUTING CAU		"	M. MONTH						
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		saw the deceased	alive on .	Januar	4 29 19	0.0	nd that in My) (aur) apinion				
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-		22d PHYSICIAN'S NAM	F ITYPE OF	PRINTI	e w f		PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	IAN	1/2	7/83
1		So	Me		ell Jr.,	M D		10			
		C 1	111-1		· · · · · · · · · · · · · · · · · · ·			d General H	ospit	tal	
	(BURIAL, CREMATION, RE	MOVAL	236. DATE			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	C	remation		2/1/8	3	West	view Crematory	Baltim	ore.N	1d.	

DHMH - 16 50M 4/B2 (VRA 15, 4)

14 FUNERAL DIRECTOR
Hardesty Funeral Home 12 Ridgely Ave. Ann. Md

BY REGISTRAR SWREGISTRAR SSIGNATURE



1.0 Earlian General Nogeleal

3	1-	STATE REGISTRAR	DEPART		E OF DEATH	REG. NO	o.		
		CEASED NAME FIRST ORPRINT) Vame.	S F	Lof	ton	2a. DATE OF DEATH	MONTH DAY	83 11:34 N	14
200	3 SEX	Male	A. RACE Black	S. DATE OF BIR	TH YEAR 21 23	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDI MONTHS YRS.	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	-
oth. Pog real direction		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED L	NEVER MARRIED	9 BALTIMORE CITY O	_		
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filled in the could be the	13a. S	TATE Md 136 COUL	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW	/N 13d. YES	NSIDE CITY LIMITS?		BAYARI	1 ST. 2/23	
ompletely)	THER'S NAME FIRST WILLTAM		0	OTHER'S MAIDEN NA	WIDDIE	81	LAST	
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hos been si permit. The me prior to	CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WA	S PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?	-
riol-tronsit pentol Hygier lem 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS		PPART 2)	~
ter this c is the bur h and Me rked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,		LOCATION STREET	CITY OR TO	wn co	DUNTY STATE	
CTOR: Al d for use of . of Healt n 21 is ma		saw the deceased alive or above, (I) (we) (did) (did no	ital) attended the deceased from 19_01) view the bady after death.			deoth occurred on the de			.1
NERAL DIRECT NERAL DIRECT De detoched for Stote Dept. of TANT: If Item 2		22b. SIGNATURE	meth fels	DEGR.	ATTENDING PHYSICIAN	MEDICAL STAL	FF _	2. DATE SIGNED	1
111 10 10 10		22d. PHYSICIAN'S NAME (TYPE	OR PRINT	22e	ADDRESS	o m			
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hould whould	23a B	SPECIFY) Byria)	1/12/83 C		ERY OR CREMATORY A: 11 Cem.	23d LOCATION CITY OR TOWN	Avunde	NTY STATE	

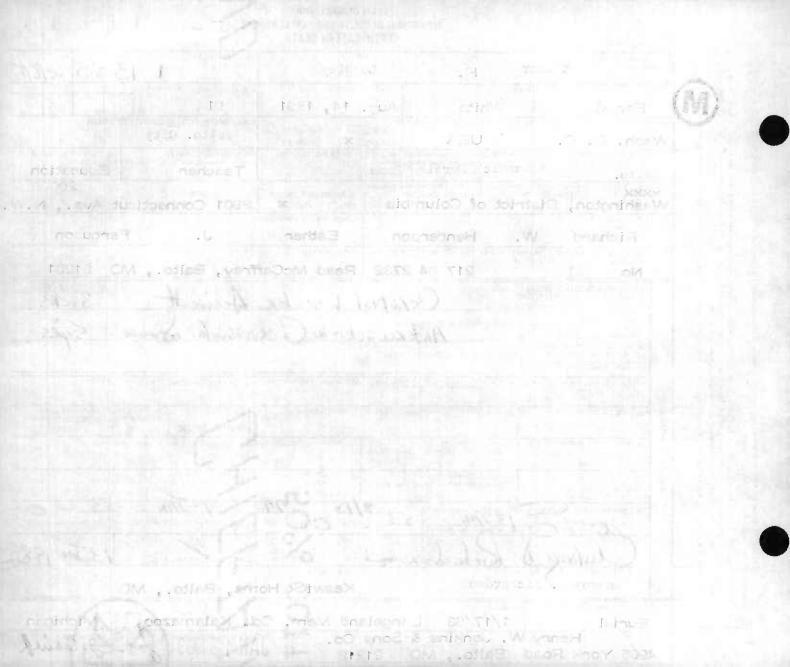
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	ECEASED NAM	AE FIRST		MIDDLE		LAST		20. DATE KNO	MN XX MONTH	H DAY YEAR	2b. HC
		James	s Theodor	e Mck	(inley_	Logan		DEATH MA	TED	15 19 83	5
3. SE		4. RACE	S. DATE OF BIRTH		. AGE (IN YEARS		HOURS	24 HRS. 2c. DATE PRONOUNCED	MONTH	DAY YEAR	2d. HC
ile		Black	11 7	82	YRS	2	HOURS	DEAD	1	15 1983	8:29
	OPEIGN COUNTRY	STATE OR	76. CITIZEN OF W	HAT COUNT	SA. 8	MARRIED N	PERMARRIE	9. BALTIMORE	CITY OR COU	NTY OF DEATH	
DS.	alto., I	Md.	USA			WIDOWED -	DIVORCE		more Ci	ty.	/
10 0	CITY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NURS	ING HOME,	OR OTHER INSTIT	UTION	126. USUAL OCCUPATION FOR MOST OF WORKING		OR INDUS	JUSINESS
10	Baltimo	ore	Sinai	Hospi							
Usu.	STATE	(IF IN NURSING HOM	E OR OTHER INSTITUTION, G	1114 CITY C	FORE ADMISSION		CITY LIMITS?	13e. STREET ADDRESS		21	209
	Md.	1000		Ba I	to.	YES 🔀	NO 🗆	1801 Snow M	leadow L	a.	-40)
14 E	FATHER'S NAM	Æ	WIDDLE	LA	67	15. MOTH	HER'S MAIDE	N NAME MIDDLE		LAST	
Ja	ames	He	enrv		aan	Theo				Malden	
160.	WAS DECEASI	ED EVER IN U.S. A			AL SECURITY	17. INFOR	THAMS	Al	DDRESS		
	no	(11 125, 61	VE WAR ON DAILS)			Jame	s H. L	ogan 1801 S	now Mea	dow La.	
	18. CAUSE	OF DEATH (Enter of	only one couse per line	for (o), (b),	ond (c).)						ATE INTERVAL
	PARTID	EATH WAS CAUS	ED BY: ATE CAUSE (6) SU	dden I	nfant	Death Sv	ndrome			BEIWEEN ON	ALL AND DE
	79	80 144			EOUENCE OF						
		ons, if ony, which									
	couse (c) stoting the <u>unde</u>	· ' '	AS A CONS	EOUENCE OF			THE STATE OF			
	lying co	use lost.	(6)							7 3-44	
	PART 2 OTHER S	SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATE	D TO THE TERMIN.	L DISEASE OR CONDITI	ON GIVEN IN PAR	T 1 (a).			
NO.											
7 3	19a. DATE O	FOPERATION	19b. COND	TION FOR W	HICH OPERA	ION WAS PERFO	RMED?			20 AUTOPS	Y?
E										YES XX	(NO [
CERTIFICATION	21s. EXTERN	AL CAUSE WAS	216. TIME O	FINJURY A. MONTH E	DAY YEAR	21c. HOW INJUR	Y OCCURRED	LENTER NATURE OF INJURY IN	I ITEM 18 PART 1 OR	PART 2}	
		G OR	F DEATH P.A		19						
MEDICAL	21d. INJURY	OCCURRED		OF INJURY	(AT HOME,	211. LOCATION STREET		CITY OR TOWN		COUNTY	STATI
3	WHILE AT WORK	NOT WHILE		,					70-1-2		
	22a. 1 con	tify that I took cho	rge of the remoins de	scribed above	e, held on	Autopsy X,	Inspection	, Inquiry	, ond in my	opinion	1-1
	deoth resul		May rouses K	Adiden			nicide .	Undetermined monner			
		1	111.	14	1		(SPECIFY)				
	ACTUAL SIGNATURE	4 X	Worker	No	ull			I SHEDICAL EXAMINE	DATI R SIGN	E 1/16/	183
7					1						
	EXAMINER'S		Thomas D.	Smith	, MD.	ADDRESS	111	Penn St.	Balto.,	MD.	
23ø.	BURIAL, CREMA	ATION, REMOVAL	23b. DATE	23c. NA	AME OF CEME	TERY OR CREMA	TORY	23d LOCATION	CC	DUNTY	STATE
	(SPECIEY) Buria	al	1/18/83	Arb	utus M	em. Pk		Balto Md			
24	FUNERAL DIRE	CTOR						EC'D. BY REGISTRAR 2	BREGISTRAR'S	SIGNATURE	4
	RUT U.	DIELL 4	600 LIBERT	1 4012	. AVE.		1/1	u 1 8 1983	-		

20M 4/82

The Table 1 and 1

(VRA 15, 4)



FOR

REGISTRAR

I. DECEASED NAME

- STATE

(TYPE OR PRINT)

BP

DHMH - 16 50M 1/B1 (VRA 15, 4)

12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 1954 Dineen Drive 21222 Serger ADDRESS 1954 Dineen Dr. Balto., MD.21222 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART + OR PART 2) COUNTY STATE and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) 1/27/1983 | Sacred Ht.Of Jesus Dundalk Burial Baltimore 24 FUNERAL DIRECTOR Duda-Ruck, Inc 7922 Wise Avenue Dundalk, MD. 21222

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

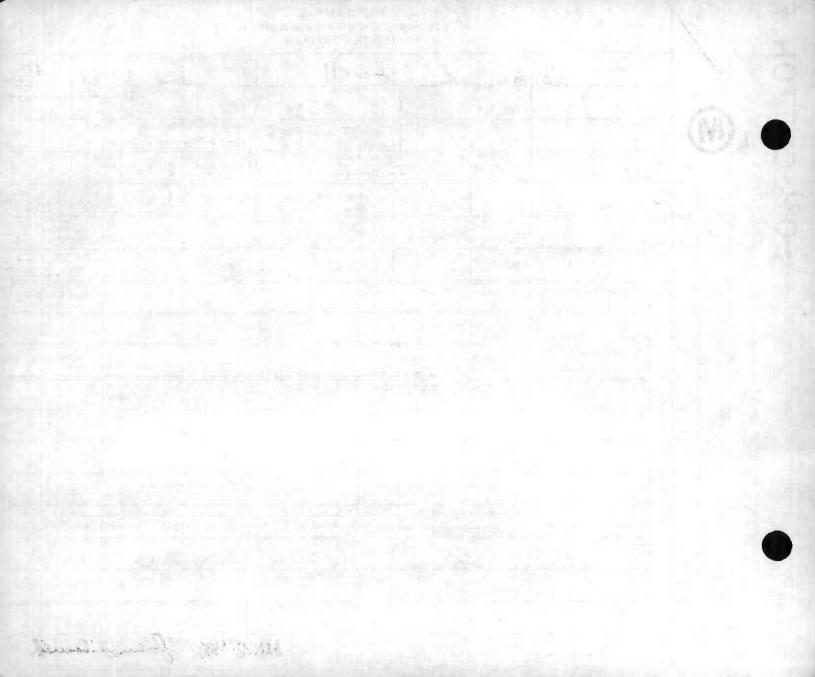
MONTH

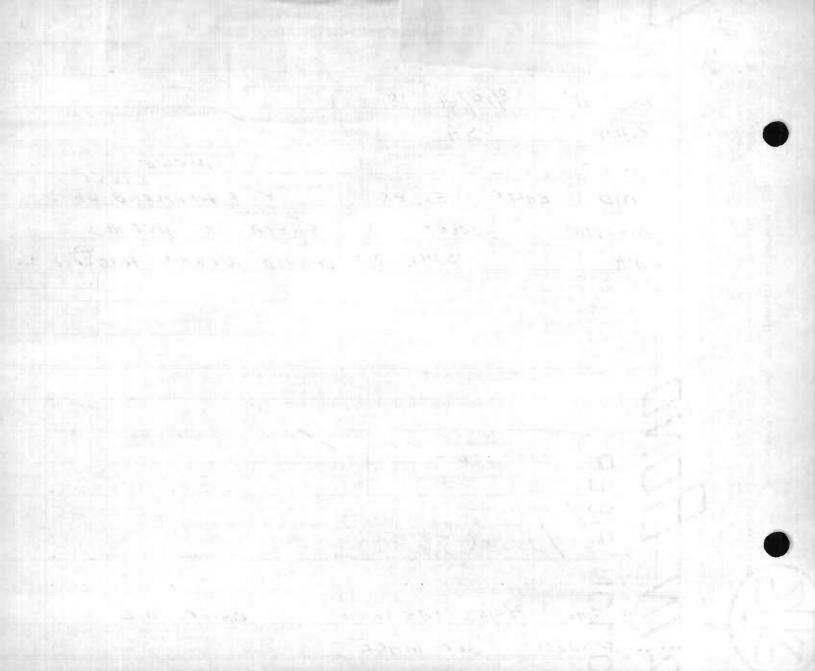
DAY

IF UNDER I YEAR

7h HOUR

20 DATE OF DEATH





Dundalk, MD. 21222

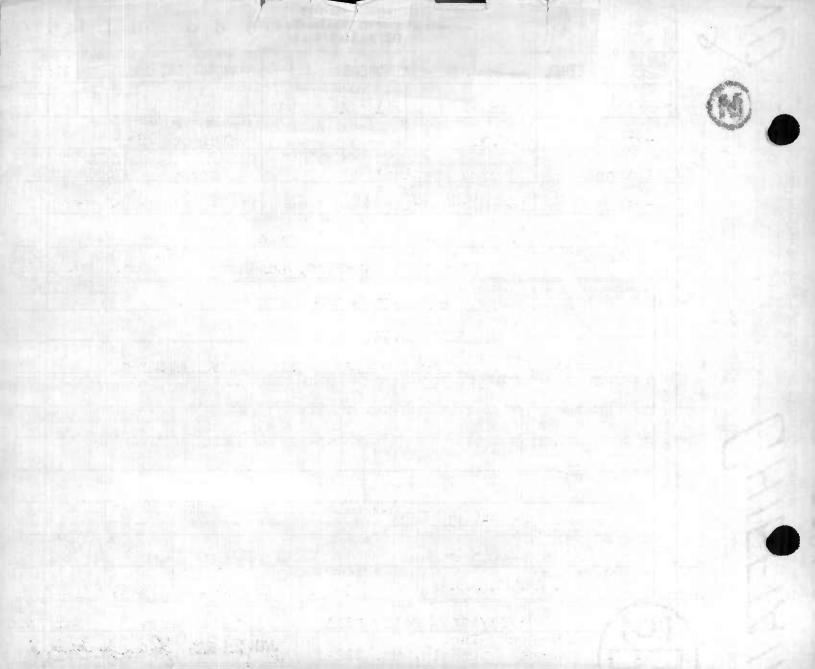
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

7922 Wise Avenue

(VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then presist with the State Dept. of Health and Mental Hygrene prior to bilitaril.

attending physicion.

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BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

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3	1-	FOR - STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 3	0 1 1 4 8
		CEASED NAME FIRST FOR PRIN	Leon Leon	MACK JY 5. DATE OF BIRTH	2a DATE OF DEATH MONTH 6 AGE (IN YEARS LAST BIRTHDAY)	8-83 2 M
-	1	nole	Black	3 19 22	60 YF	
35		IRTHPLACE (SLATE OFFICE ON	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	- 1/4	- Calcula
90	_	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS) OLIVERAL DSG. COAFE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR INDUSTRY
23	130 5	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	NOTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION) WN 13d INSIDE CITY LIMITS? YES NO [1912 Kic	hhill Avenue
Sac	3	tarry	MIDDLE Ma	ck) Nellie)	MIDDLE	Sedavick
r medicol		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) TIF YES, GI	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 214167	URITY NO. 17 INFORMANT 1533A Eleanar	Simmo 542	-0866
or other traumatic even		Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU	UENCE OF	ancerof Esop	phagus
rony injury	IFICATION	PART 2 OTHER SIGNIFICANT		D DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b. IF	GIVEN IN PART 11a YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
Item 18 show	MEDICAL CERTIF	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE)	P.M.	DAY YEAR	YES NO	YES NO SI IS PART I OR PART 2)
s marked a	ME	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, bital) attended the deceased from,	12/12/19/8	City OR TOWN	COUNTY STATE , 19 , that (I) (we) lost
T. If Item 21		sow the deceased alive ar abave, (1) (we) (did) (did m 22b. SIGNATURE	of view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
MPORTANT: If Item		122d PHYSICIAN'S NAME (TYPE	OF PRINT) OF BREMAN	120 ADDRESS		
6	<u> </u>	BURIAL GREMATION, REMOVAL	1 13/83 P	NAME OF CEMETERY OF CREMATORY	Crownsvill	e, consid. State
/81	24 FL	UNERAL DIRECTOR	4600 1	Levent Height 250 D.	ATE REC'D. BY REGISTRAD 256. REC	GISTRAR'S SIGNATURE

Company of the second s The same of the sa STANDARD CARREST AND AND STANDARD Although the committee of E CHATAIR STATE APPENDING TO THE TOTAL STREET OF THE STREET

Burial

24. FUNERAL DIRECTOR

1-12-83

Leonard J. Ruck, Inc., 5305 Harford Rd.

Parkwood

BP

DHMH - 16 50M 4/82

(VRA 15, 4)

MIDDLE

- STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2b. HOUR

12b. KIND OF BUSINESS OR

NO [

STATE

STATE

COUNTY

COUNTY

REGISTRAR 256 REGISTRAR'S SIGNATURE

Balton Md

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

21211

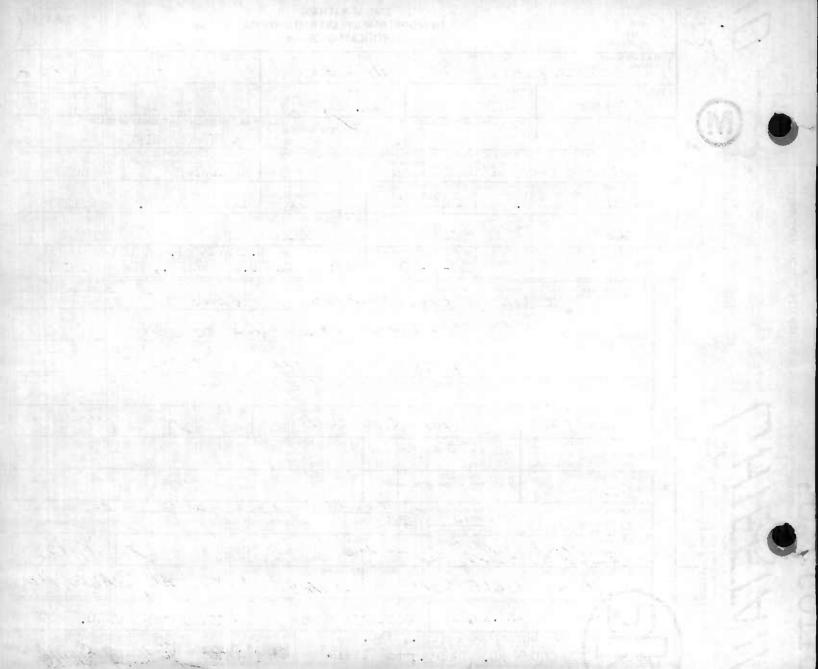
20. DATE OF DEATH

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	1. DE	CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH		DAY YE	EAR :	b. HOUR	
	{TYP	E OR PRINT)				W-				10 0	2		
-	3. SE		nthon	RACE		5. DATE O	lone DE BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	18 8		IF UNDER 24 H	IRS.
1		mala		D1 -	1.	MONTH 2	28 1899	83	485	MONTHS	DAYS	HOURS M	N.
1	20. B	male IRTHPLACE (STATE OR FO	DREIGN 71	Bla CITIZEN OF	WHAT COUNTRY?			9. BALTIMORE CITY	YRS.	Y OF DEAT	TH		_
55		COUNTRY) Kentucky		П. 5	S.A.	MARRIE	NEVER MARRIED DIVORCED	Baltimo					AAD
Po		ITY OR TOWN OF DEAT	TH 1	1. NAME OF	HOSPITAL, NURSIN	IG HOME O	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION	12b. KI		BUSINESS	OR
800	,	Baltimore			th FACILITY, GIVE STREET N. Pulask		not	TYPE OF WORK FOR MOST C	JF WORKING LI	IFE) INDUS	STRY		
Pe	JUSU	AL RESIDENCE (IF NURSIN		THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)							
35		ryland	13b. COUNT	Y	Baltime		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1533 N. Pt	ulask	i St.	ж,	21217	
ine.	-	ATHER'S NAME		10.7			15. MOTHER'S MAIDEN NA	ME					
OC	1	Robert	MI	DDIE	Malon	e	Hester	WIDDLE		E	as1	ey	
		WAS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	SS				
medical		NO NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	402-22-	0757	Elizabeth M	alone 1533	N. Pu	laski	St		
		18 CAUSE OF DEATH	Enter anly	ane cause per	r line for (a), (b), an	d (c)				BET	PPROXIM WEEN OF	ATE INTERVAL	TH
		PART I. DEATH WA	AS CAUSED IMMEDIATE	BY:	/	OWIN							
tic e		4280	IMMEDIATE		R AS A CONSEOU		-						
aumatic		Conditions, if any,	which	DUE TO, O	Consen		heart farhur	9					
rtra		gave rise to imme	ediate	(0)	0		grand,						
athe		underlying couse			R AS A CONSEQU	NCE OF				JE			
y. o.		PART 2 OTHER SIGNI	IFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GI	VEN IN PA	RT Ita		
injury.	CERTIFICATION												
any	N A	19a. DATE OF OPERATI	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FI			
SMD 7	TE			ATTENDED				YES NO		ES 🗌	0323 0	NO [
7 18 5		21a. ACCIDENT WAS UNDE		21b. TIME C	OF INJURY	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PAR	RT 2]		
Head A	MEDICAL	OR CONTRIBUTING CA			M.	19		10	100				
ō	ED	21d. INJURY OCCURRE	ED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ADM SIC \	211 LOCATION	CITY OR TO	wn	COUNT	TY	STATE	
marked	2	WHILE NOT WHILE AT WORK	LE .	(AT NOME, SI	REEL, FACTORY, OFFICE, P	Anm, ETC)			53	4.6			
		220.1 certify that (1) (this haspita	l) attended th	ne deceased fram_	67.7	12 , 19 87			. 19		at (I) (we)	
7		saw the deceased above, (I) (we) (di	d alive on	view the body	ofter death.	83.	nd that in (my) (our) pinion	death occurred on the d	ate and ho	ur and from	n the co	uses stated	4
He H		22k SIGNATURE	111	2014		110	DEGREE	1		22c. [DATE S	IGNED	
=		0	West	mg		MI	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [
Y Y	1	THE PHYSICIAN'S NA	ME Kright CA	Marin N			22e ADDRESS	1 , 5 11	1	0			N
MPORTANT: IF		Chi	Ve	Dan	29		1 - 17	ropheres IT	वरा (दि	4			
	23a	BURIAL, CREMATION, R	REMOVAL	TIN DATE			EMETERY OR CREMATORY	AGITY OR TOWN	1	COUNTY		Мď	E
		DOKTAL		1/22	2/03	Arbu	tus Mem. Pk	A4Durus				Md	•

Wm. C. March F/H Inc. 1101 E. North Avenue

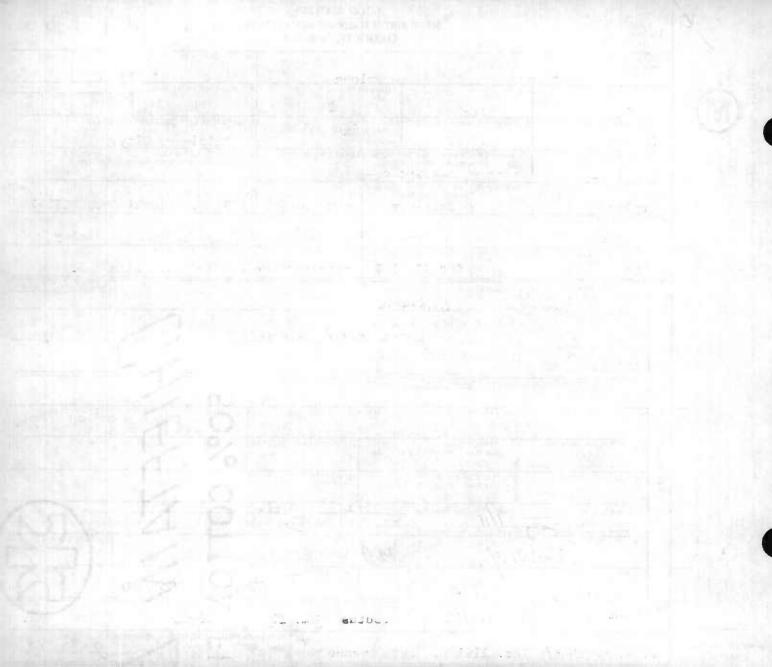
FOR STATE REGISTRAR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



Owings Mills, Maryland

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 to		ems #23c&23d F FOR STATE REGISTRAR	.1m G576 2/9/83 DEPA	TO STATE OF MARYL RTMENT OF HEALTH AND CERTIFICATE OF I	MENTAL HYGIENE	8 3 0	1156
of the contract of the contrac	(TYP	CEASED NAME FIRST		MAPLE		TE OF DEATH MONTH	22-83 130 M
- 6 (M)	3. SE	F	4. RACE	S. DATE OF BIRTH	- 13°	(IN YEARS LAST BIRTHDAY) (P) YRS.	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
deorge deorge of the state of t		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	V. S. A.	MARRIED NEVER WIDOWED D	MARRIED		RE CITY, MO.
201 us ofter by the filed will	6	ALTIHORE		OF MARYLAND	(TYPE OF	UAL OCCUPATION WORK FOR MOST OF WORKING I	
AND 21	130.	ARY LAND BAL	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY 136. CITY OR TO BACTIV	OWN 13d. INSIDE O	NO 29	12 W. LAF	AYETTE AVE.
ompletely of the control of the cont		ATHER'S NAME FIRST LHARRY	MIDDLE CON	V CA	S MAIDEN NAME FIRST RIG	WIDDLE	DETIBY
TIMORE be executed an and control s. Pages		VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,		-1112		ADDRESS 2912 W. Lafa	yette Avenue
1 W. PRESTON ST., BA that the death certificate by the attending physic rose remove carban pape ose removion, or removal rather traumotic event, to		PART I. DEATH WAS CAU	DUE TO, OR AS A CONSE	DESPIRATION OF STATE	RY ARRE		3 days
AR RECORDS, 20 the law requires to an. has been signed t permit. Then ple ene prior to buring own any injury, on	CERTIFICATION	CALLE	1 1	ODEATH BUT NOT RELATED YPOXIC EN CH OPERATION WAS PERFO	CEPHALL	AUTOPSY? 206. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\begin{array}{c} \text{NO} \\ \text{D} \\ \text{NO} \\ \text{NO} \\ \text{D} \\ \text{NO}
DIVISION OF VITA NG PHYSICIAN: Th offer this certificate os the buriot-transit th and Mental Hygii orked or item 18 sig	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF UFFEITHER NOTIFY MEDICAL EXAMINATION OF THE CONTRIBUTION OF THE CONTRIBU	P.M. 210 PLACE OF INJURY	DAY YEAR 19 211. LOCATI	ON	TER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2) COUNTY STATE
ATTENDING spetted or oth ECTOR. After of for use as the 1. of Health ar m 21 is marken	W	sow the deceased alive	(AT HOME, STREET, FACTORY, OFF) sital) attended the deceased fro 1 22 at) view the bady after death.	m	, 19 82, to	1/22	19 8-3, that (I) (we) last ur and fram the causes stated
HOSPITAL Or ined by the FUNERAL DI wid be detact in the State De ORTANT. If it		Jean Oll 22d. PHYSICIAN'S NAME (TYP	SON MD	220 ADDRES	ATTENDING MEDI- PHYSICIAN DIRECT SS U. OF MO. S. GREENE.	TOR PHYSICIAN	1/22/83
BP		BURIAL CREMATION, REMOV	236 DATE 1/27/83		Cent. 23d.	COCATION urel Baltimore	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		uneral director n. C. March F/	Inc. 1101 E. N		250. DATE REC'D.	4 1983 REGISTRAR 25h. REGIS	TRAR'S DONALIBELLY

SERVICE OF A A SECURE OF A SECURE OF THE SEC The state of the s Y Para of the area of the second of t There of Manual Street, and the search of th Me. Hartenstein. Mc. which is the property of the p

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN TYPE OR PRINTS ESTI-ALFRED P. MARANO DEATH MATED 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. SEX DATE OF BIRTH IE LINDER 24 HRS DATE 17 VPS MONTHS June 30, Male White 1965 Je BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEAT MARRIED | NEVER MARRIED FOREIGN COUNTRY) USA Maryland WIDOWED [DIVORCED Baltimore City IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12g USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS Student 6108 Buckingham Manor Drive Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 134 STREET ADDRESS 13b. COUNTY NO [6108 Buckingham Manor Dr. Baltimore Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST AND Calfa Philip Lucille Marano 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS IAL SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) No Mr. Philip S. Marano same as # 18 CAUSE OF DEATH (Enter only one cause per line la APPROXIMATE INTERVAL TWEEN ONSET AND DEATH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. BURIAL DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in ED AS A HEALTH CERTIFICATION INER: THIS CENTRE WORK TO THE WORK TO THE CHIEF IN THE PAGE 3 SHOULD BE USED TO THE STATE DEPARTMENT OF HE WHE STATE DEPARTMENT OF HE 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 21g EXTERNAL CAUSE VA 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. J 21502my 1219 83 2/2 PLACE OF INJURY / IAT HOME. NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTORE P. TO FUNERAL WITH THE ST. BALTIMORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held an Autopsy and in my apinion death resulted frame? Matural causes Hamicide Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore Maryland 1/15/83 Gardens of Faith Cem. Burial BP 24. FUNERAL DIRECTOR **DHMH-17** Ruck Towson Funeral Home, Inc. 1050 York Road (VR A15 ME (5) 15M 2/80

GI TORK WITH TORK FILE X - DEC G. J. ACTION DITERATE COMM. ... The so one country of the con-The Mark of the Control of the Contr The Company and the Company and Company an

1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE · 8 3	0	1 1	5 8	
	CEASED NAME	FIRST	M	IODLE	(AST	20. DATE OF DEATH		OAY YEAR	2b. HOUR	
(TYP)	OR PRINT)	ERCELL	I	EIPHOLZ	M	ARGIE	Januar	y 29,	1983	4:45P.A	
3. SE	x Female		White		5. DATE O	st 12, 1925	6 AGE (IN YEARS LAST BII	YRS.	MONTHS DATS	IF UNDER 24 HRS. HOURS MIN.	
-die	RTHPLACE (STATE	OR FOREIGN 7	U.S.	NHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O			W	
10. C	Baltimo			OSPITAL, NURSIN LEACILITY, GIVE STREET 5 Parkwa		OR OTHER INSTITUTION	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST) School Tea	OF WORKING	LIFE) INDUSTRY	School	
usu Ma	AL RESIDENCE (# STATE TYLand	NURSING HOME OR C		Baltim		134. INSIDE CITY LIMITS?	13. STREET ADDRESS 6145 Park	way [rive 2	1212	
14. F/	Michael	м	DOLE L	eipholz		15. MOTHER'S MAIDEN NA Ruby	WE		Erskine		
	VAS DECEASED E		NED FORCES?	166. SOCIAL SECU 214-20-9		17. INFORMANT Amira V. Unv	ADDR er 6204 5th		Pittsb	urg,Pa.	
		IMMEDIATE IMMEDIATE ony, which immediate lating the	DUE TO, OR	AS A CONSEQU	le_Seler	seil.		2.7	IMATE INTERVAL ONSET AND DEATH		
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I									0'	
CERTIFICATION	19a. DATE OF OP	RATION	196 CONDI	ION FOR WHICH	OPERATION WAS PERFORMED		200 AUTOPSY? YES NO	IN CERT	ES, WERE FINDI TIFYING CAUSES YES	NGS USED S OF DEATH? NO [
-	218. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	_	HOUR A.M. MONTH DAY		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART 1 OR PART 2)		
MEDICAL	21d INJURY OCC	T WHILE	21e. PLACE C	OF INJURY SET, FACTORY, OFFICE,	FARM, ETC)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
	sow the dec	270. I certify that (I) (this hospital) attended the deceased from									
	22b. SIGNATURE	redu	ck C	Volle	nu	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	AFF CIAN [51-83	
	22d. PHYSICIÁN					22# ADDRESS					
	Frede	rick J.	Vollme:	r, M.D.		6100 Yorl	Road				

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this should be detoched for use as the with the State Dept. of Health and

(SPCTemation PA FUNERAL DIRECTOR 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Maryland

23e. BURIAL, CREMATION, REMOVAL

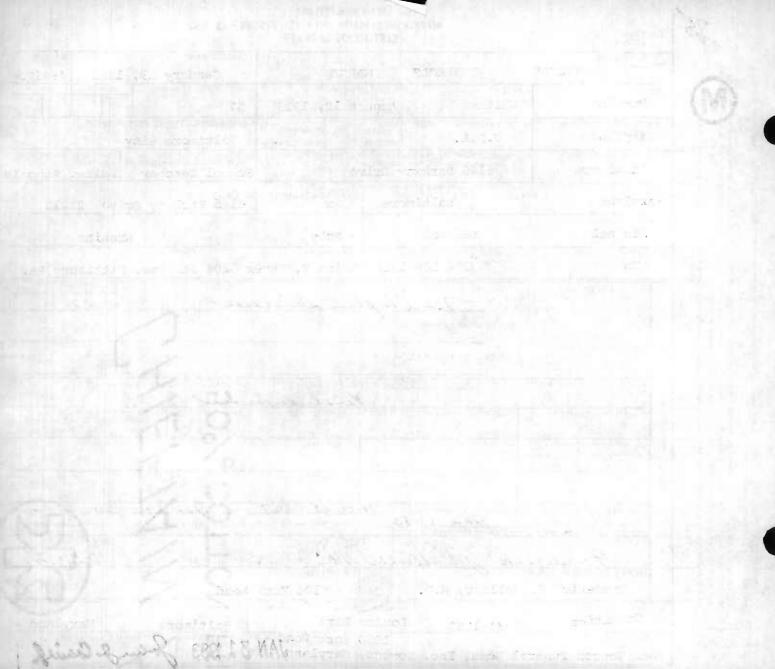
1-31-1983

23c. NAME OF CEMETERY OR CREMATORY Loudon Park

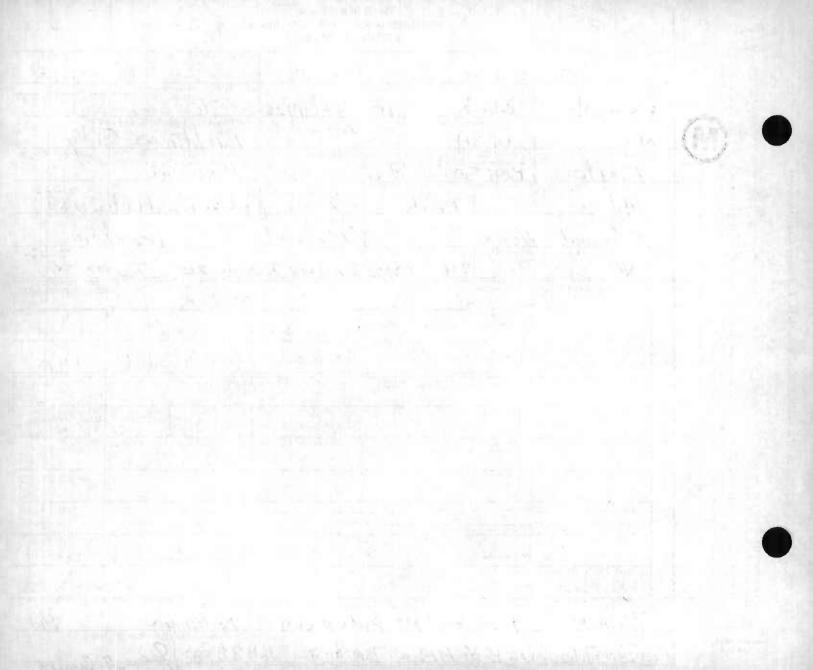
1050 York Road

23d LOCATION
CITY OR TOWN
Baltimore

Maryland



bomaton Find



	STATE OF MARYLA
FOR	DEPARTMENT OF MEALTH AND I

AND

3	3	0	1	1	6	0
	DEC NO				-	-

11	- STATE REGISTRAR				OF DEATH		G. NO.		0 0
	ECEASED NAME FIRS	- 0 -lu	W.	MAR	TIN	20 DATE OF DEA	TH MONTH	9 /83	26. HOUR - 7.40 PM
3. SE	Male	4. RACE Blac		MONTH	PDAY 14EAR	6. AGE (IN YEARS L		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
Name .	BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C.	N 76. CITIZEN OF	WHAT COUNTRY? 8	AARRIED N	VEVER MARRIED DIVORCED	9 BALTIMORE C	YRS. ITY <u>OR</u> COUNT imore Ci		
В	Saltimore	11. NAME OF F	OSPITAL, NURSING HI FACILITY, GIVE STREET ADDRI Charles G	OME OR OTH	ER INSTITUTION	12a. USUAL OCCL	JPATION	126. KIND C	DF BUSINESS OR
13a.	MD		GIVE RESIDENCE BEFORE ADM 13c. CITY OR TOWN Baltimore	YES		13e STREET ADDR	RESS arrett A	Avenue	21218
DIA F	ATHER'S NAME FIRST	WIDDLE	LAST	15. MC	Mary	MID	DIE	Martin LAS	51
	WAS DECEASED EVER IN U. (YES NO OR UNKNOWN) (IF Y	S. ARMED FORCES?	166 SOCIAL SECURITY N/A		rvin Marti		odress arrett A	Avenue	
	Conditions, if any, whice gove rise to immedial couse (a), stating the underlying couse los	DUE TO, OR	AS A CONSEQUENCE	OF	0			VEN IN PART 10	01
CERTIFICATION	190. DATE OF OPERATION	196 CONDII	ION FOR WHICH OPE	ration was	PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDIN	
MEDICAL CER	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A.A	MONTH DAY	YEAR 19	OW INJURY OCCUR				
WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		ET. FACTORY, OFFICE FARM E		STREET	CITY	OR TOWN	COUNTY	STATE
	22a. I certify that (I) sow the decease of obove, (I) we (did) (di	Kospital) attended the ve on_ lid not) view the body o	deceased from 19 9 3		in (my) (ur) opinion	deoth occurred on t	he date and hou	ur and from the	
	A.C. Cha	wolit, m	. 4 .	DEGREE	ATTENDING PHYSICIAN [STAFF	22c. DATE	83
	A.C. CH	OU VALIT	, m.b.	27e A	DDRESS			1. 74	

Auburn Cem.

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

MPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumotic

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending

230. BURIAL, CREMATION, REMOVAL
(SPECIFY)

Burial

24. FUNERAL DIRECTOR

Wm. C. March F/H 1101 E. North Ave.

1/14/83

Baltimore

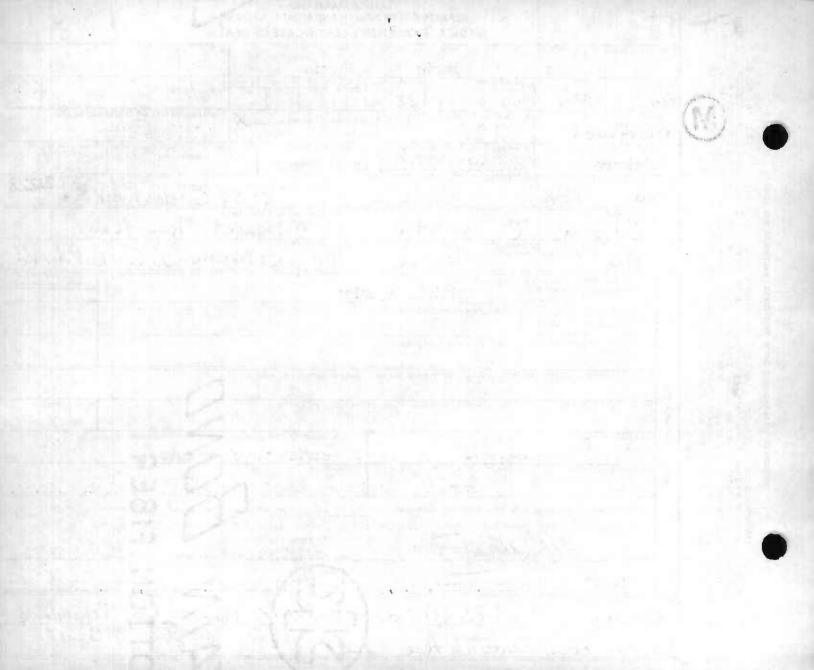
 MD^{STATE}

COUNTY

25a. DATE REC

Hoster & survivas 2 street Those you am war now

	FOR		DEPARTMENT	CF HEALTH AND MENTAL	HYGIENĘ (0
1	- STATE REGISTRAR		MEDICAL EXA	MINER'S CERTIFICATE	OF DEATH REG. NO.	
	DECEASED NAM	AE FIRST	MIDDLE	LAST	20 DATE KNOWN XT	MONTH DAY YEAR 76 HOUR
- (TYPE OR PRINT)	Jean	Marie	Martin	OF ESTI-	1 26 19 83
3-5	EX		5. DATE OF BIRTH 6. AG	E (IN YEARS IF UNDER 1 YR. IF UNDE	ER 24 HRS. 2c DATE	MONTH DAY YEAR 21 HOUF
	. 1	White	AUG 6 1954 2	BIRTHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	1 26 19 83 A M
7 n	emale BIRTHPLACE (76. CITIZEN OF WHAT COUNTRY?			
1	Mary L	1	1150	8. MARRIED NEVER MAR	RRIED	
10	CITY OR TOWN		11. NAME OF HOSPITAL NURSING			OF WORK 126 KIND OF BUSINESS
0	Baltimo		University Hospi		FOR MOST OF WORKING LIFE)	OR INDUSTRY
	WAL RESIDENCE	THEOUNT	Y I36 CITY OR TO	ADMISSION) 13d INSIDE CITY LIMITS?		P1 P/21228
		BAL	TO CATOUS		T = 0 Cortation	V103511+
14	FATHER'S NAM	I. 20 a d	Months Mantin	IS. MOTHER'S MAI	DENNAME MIDDLE NUM	PLANT
T60	. WAS DECEAS	ED EVER IN U.S. ARM	NED FORCES? 166. SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	2 1 21 11
	YES, NO OR UNKN		VAR OR DATES)	2 Margnei	+ Mairin- 55 (SARden Kilge Rd
5			y ane cause per line far (a), (b), and (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PARTID	EATH WAS CAUSED	1711111111	Injuries		
	81	4 / IMMEDIAN	DUE TO, OR AS A CONSEOU	ENCE OF		
		ons, if any, which				
		rise to immediate a) stating the <u>under-</u>	(b)	ENCE OF		
	lying co	iuse last.				
		SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART Tio	140-20-00
Mencal Ceptification	190 DATE C	FOPERATION	TIPL CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
2						YES X NO
- 5	71g FYTEDN	IAL CAUSE WAS	2Th, TIME OF INJURY	11/ HOW INTURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
2 2	UNDERLYIN	G OR	HOUR A.M. MONTH DAY	YEAR		na 1 sec. (m) 1 4 j
2 3	CONTRIBUT	ING CAUSE OF D	PEATH 8:35 xx 1 26		struck by auto	
200	21d INJURY		STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
1	AT WORK	AT WORK 9	<pre>street</pre>	EastbnLane of	f LibertyRd at 01	dCourt, Balto.Md.
3	22a. I cer	tify that I taak charge	e af the remains described above, he	ld an Autopsy X. Inspec	tian , Inquiry , and	I in my apinian
9	death resu			Suicide , Homicide	Undetermined manner .	
100		1/2	51 -5	TITLE (SPECIFY)		
	ACTUAL	JH	mar	M.D. Assistar	Tt_MEDICAL EXAMINER	DATE SIGNED 1/27/83
	and the contract			,	MEDICAL CAAMINER	3101160
1	EXAMINER'	S NAME	ormez R.Guard, M.	D. ADDRESS 111	Penn St., Balto.	. Md. 21201
23		ATION, REMOVAL 2	36. DATE 1234 NAME	OF CEMETERY OF CREMATORY	1 236 LOCATION	could a second
237	(SPEZIFY)	·		adownidge Memt	K HOWARD Co	> Maryland
24	FUNERAL DIR		1	1000/0	E REC'D. BY REGISTRAR 256 REGIS	TRAPE SIQUATURE
1	NAME	· lalan1	FRENCH ALLO	21218 FE	B 7 1983 John	or country



5	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 1 1	6 2
. 54	1 DE	CEASED NAME FIRST OR PRINT) MARK		MIDDLE		MARTIN	20. DATE OF DEATH MO	1 13 83 -	HOUR 2
may b	3 SE		4 RACE	111	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER 1 YEAR IF	UNDER 24 HRS
(M)	2.0	FEMALE RTHPLACE (STATE OR FOREIGN		ACK	10	17 94	88	YRS.	Mari
d. Harris	C	DUNTRY)	US	WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR	ORF CSTY	MD
s offer de by the fulled with		TY OR TOWN OF DEATH		CH FACILITY, GIVE STREET	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOUSEWIF	ORKING LIFE) 12b. KIND OF B	
filled in rould be f	USU Prija. :	AL RESIDENCE (IF NURSING HOME O TATE 136 COU	R OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 3704 MOHAWA	AVENUE =	21207
completely s I and 2 sh	14. F/	RUBEN	WIDDLE	JACK	SON	15 MOTHER'S MAIDEN NA	ME MIDDLE	LOGAN	1
n and co		VAS DECEASED EVER IN U.S. AF (IF YES, GIV	RMED FORCES? E WAR OR DATES)	166 SOCIAL SECU		GERALDINE MA	CK-3704 Mottan		HDZIZO
es that the death cer ted by the attending please remove carbo unal, cremation, ar re , ar ather traumatic e		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PARTA OTHER SIGNIFICANE.	(b) DUE TO, O	EMBINATEG	NCE OF	DUE TO CL EMB SURGICAL TRAC	IMA LIEN INEDI	CALLONDING S	
he law requir on. hos been sign 1 permit. Then iene prior to b iows ony injury	CERTIFICATION	A FIFE NO SCL CR	otic VI	ASEULA	2 015	N WAS PERFORMED	200 AUTOPSY?	Ob. IF YES, WERE FINDINGS N CERTIFYING CAUSES OF	USED DEATH?
IAN: T physici tificate I-transi al Hyg al Hyg	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY .M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II		NO 🗌
G PHY of this ond M ked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENI spital CTOR: far us far us af He		22a.1 certify that (I) (this hasp saw the deceased alive ar above, (I) (we) (did) (did no	1/13	19_	12/2 83, or	nd that in (my) (our) opinion	death occurred on the date		t (I) (we) lost ises stated
to OR the horizon I DIRE		226 SIGNATURE	loa			M · D ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA		183
O HOSPITAL stained by th O UNERAL IN III State		CHRISTIAN E	CITY	NWURS	7	PROVIDEN	T HOSPITA	L BALT	IMOXE
BP	1	BURIAL, CREMATION, REMOVAL BURIAL	236. DATE			EMETERY OR CREMATORY GREEN HEM. PK.	23d LOCATION CITY OR TOWN WESTCHEST		STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	He	INERAL DIRECTOR REER E. NUTTER	2-3035	W. NORA	# AVE	書かん 3A	N 1 7 1983	RIGISTRAR'S SIGNATURE	wich

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	he	emo emo
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours off with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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*		FOR STATE REGISTRAR		DEPARTAENT OF I	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	REG. NO		1 6 3
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH		
34		Willian	,		IASON	January 1		7:30a _M
	3. SE	x Male	4. RACE Black	5. DATE	of Birth 31 35	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 VE MONTHS DATE	
35		IRTHPLACE (STATE OR FOREIGN Md.	76. CITIZEN OF WHAT CO	DUNTRY? 8. MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY O Baltimore	City	MD.
18 P	10 C	Baltimore	11. NAME OF HOSPITAL	, NURSING HOME (GIVE STREET ADDRESS), LENETAL HO	or other institution	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF THE PROPERTY OF	on 12b. KINI De co cato	OOF BUSINESS OR RY
See See	130. S	AL RESIDENCE (IF NURSING HOME OR STATE Md.	ITY I3c_CITY	PR TOWN	134. INSIDECITY LIMITS?	134 STREET ADDRESS Mad	ison Ave.	21205 #A-3
3500	14. FA	THER'S NAME L'ETOY	MIDDLE B.	rown	15. MOTHER'S MAIDEN NA	MIDDLE	Ma	lson
medicol	16a. V	WAS DECEASED EVER IN U.S. AR. YES. NO OR HINKNOWN) (IF YES. GIV		14-8721	17 INFORMANT Leroy Bro	own 576 Ba		t
injury, or other troumotic	NOI	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CO	ngeal card DASEQUENCE OF TING TO DEATH BUT TING	tion	MINAL DISEASE OR CON	DITION GIVEN IN PART	1101
Sows ony	CERTIFICATION	Sept. 22, 1982	2 Esophageal Obs		iction	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	SES OF DEATH?
or Hem 18 s	CAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	TH HOUR A.M. MOI	19	21t. HOW INJURY OCCUP	1		
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If Item 21		sow the deceosed olive on obove, the (we) (did) (did to 22b. SIGNATURE LILLLAIN 22d. PHYSICIAN'S NAME (TYPE O	Polity ofter dea				22c. DA	ATE SIGNED 18/83
IMPORTANT:	23a.	William Po	lito, M.D.	23c. NAME OF	c/o Maryl	and General		
7		(SPECIFY) Burial	1/22/83		n remetery	Balto. TE REC D. BY REGISTRAR	COUNTY	STATE MG
4/82		Chatman-Harri	s 1701 Mc	Sulloh S		0 4		Cowief.

DHMH - 16 50M 4/82 (VRA 15, 4)

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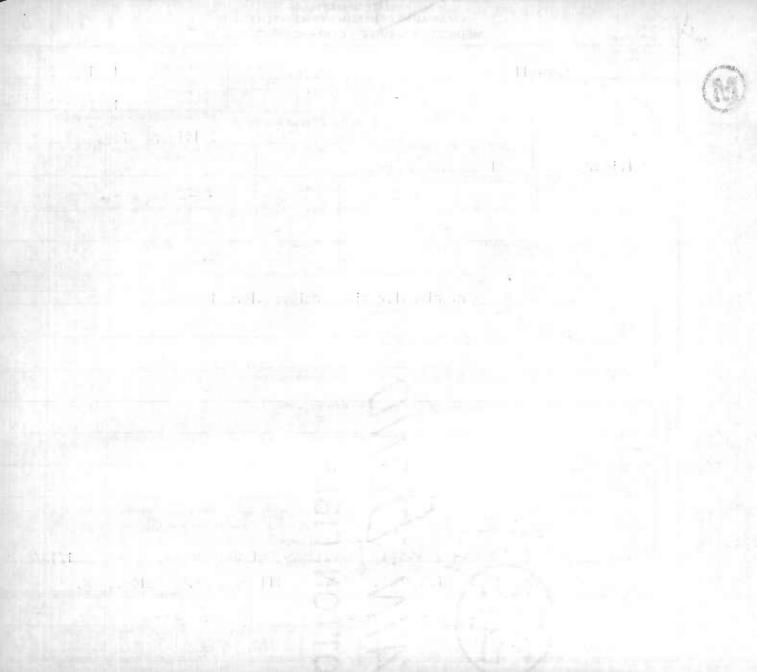
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FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE WAITAB 17783;
1 DECEASED NAME (TYPE OR PRINT) + LELEN 1 SEX	771AY LATHIAS 4 RACE S. DATE OF BIRTH	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 1 27 83 (333)
Za BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	YRS. MONTHS DATE MOUNTS MIN
10 CITY OR TOWN OF DEATH	WIDOWED DIVORCED	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSE WARE
35 Md. New	RRO/ Westy INSTER, YES NO !	130 STREET ADDRESS 60 (= Pd 2115)
AA John 160 WAS DECEASED EVER IN U.S. ARA	MIDDLE SCHAFFER MED FORCES? I I BO SOCIAL PECURITY NO. 17 INFORMANT	GENTRUSE BROWN
PART I. DEATH WAS CAUSED IMMEDIATE Conditions, it ony, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINAL DISEASE OR CONDITION GIVEN IN PART 1/a
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
OR CONTRIBUTING CAUSE OF DEAT (FEITHER NOTHS MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hospital	P.M. 19 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET 21ol) attus ed the operosed from 1, 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE , to
The decreased alive an above of the latest and the latest and the latest and the latest and the latest and the latest and the latest and latest	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN
230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236 DATE 236 NAME OF CEMETERY OR CREMATORY 1-29-83 John Syther Miller	
Robert Hyle Prett	L. Westmingter, mol. 1	AN:31 1983 John & Carrel

FALE SALE TO SALE AND A THE WALL ENTINE BARBER - John Schaefer 13115 18 HILLIAM ST. 12 11 11 11 82 21 182 Burklet 1-27-23 Toky Station Hollan Lie Straigting Colonell Dist The total and the state of the

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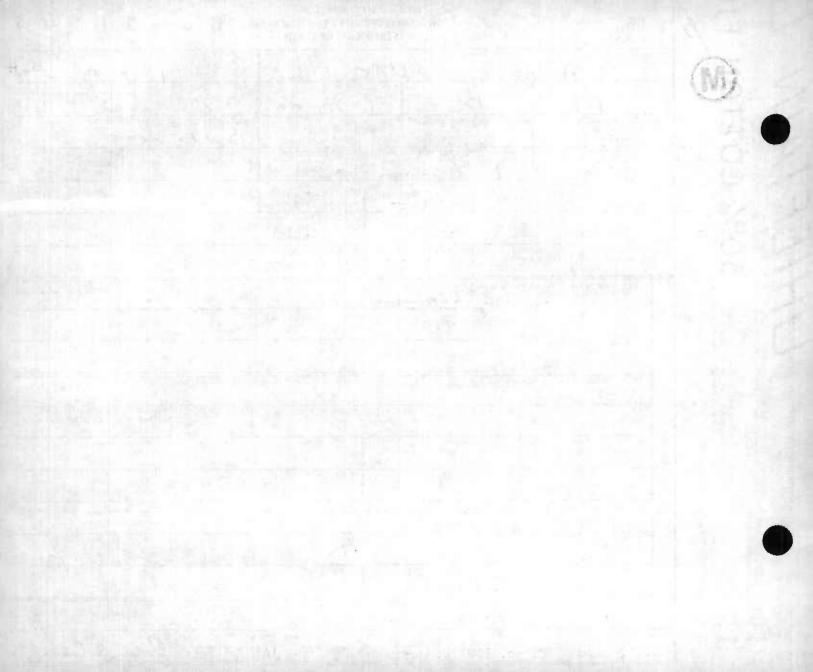
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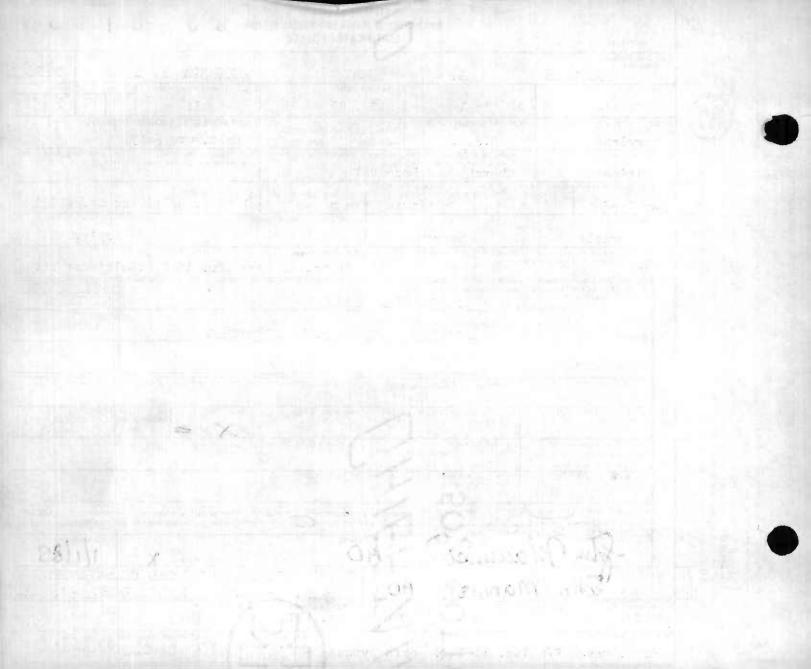
20M 4/B2

MANAGAL SITE CONTINUES IN THE STREET

/	1				STATE	OF MARYLAND					
B	1	FOR STATE REGISTRAR		DEPART	DEPARTMENT OF HEALTH AND MENTAL HYGIENE & S () 1 6						
1		ECEASED NAME FIRST	MIC	DDLE	L	AST	20 DA		MONTH DAY	YEAR	25 HOUR
(AA)		AD	AM		MAX	WELL			1 18	83	2-18
	3. 5	× M	4 RACE)	5. DATE C	DAY YEAR		(IN YEARS LAST BIRT	MON	THS DAYS	IF UNDER 24 HR
dire hour	7a. E	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8		9 BAL	TIMORE CITY O	R COUNTY OF	DEATH	
n 72	1	Georgia	U.S.	Δ	WIDOWE	DIVORCED		alTi	w		
er de for		ITY OR TOWN OF DEATH	11. NAME OF HO	OSPITAL, NURSI	NG HOME O	R OTHER INSTITUTION		SUAL OCCUPATION	NC NC	25 KIND OF	BUSINESS
The sed	2	Baltimore	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	Hospital	(TYPE C	OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	
be f	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION GI	IVE RESIDENCE BEFOR	E ADMISSION)						
3		aryland	JINIT	Baltimo		YES XX NO	? 13e ST	REET ADDRESS 304 Viol	et Aven	ue 21:	215
2 sh		ATHER'S NAME	FILE OF THE			15. MOTHER'S MAIDEN		7101	CC IIVCII	de ZI	-13
a P		Jermire	MIDDLE	Maxwell		Mattie		MIDDLE		LAST	
icol i	16a	WAS DECEASED EVER IN U.S. A		65 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRE	SS		
Pages		NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	260-14-	1214	Willie Max	well 2	2804 Vio	let Ave	nue	
mas been signed by the biterior permit. Then places remove can be prior by bridly cremotion, ows ony injury, or other troumat	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR A		ENCE OF	NOT RELATED TO THE TE	ERMINAL DI	AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDING	OF DEATH?
Hygin Hygin Blashe	CER.	710 ACCIDENT WAS UNDERLYING	21b. TIME OF I			21c. HOW INJURY OCC	YES		YES [NO [
Mentol Hy Mentol Hy or Item 18	1 AL	OR CONTRIBUTING CAUSE OF D	CATH	MONTH D	AY YEAR						
ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY T, FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR TOV	/N	COUNTY	STATE
se or se or mor		22a.1 certify that (1) (this hosp	pital) attended the a	deceased from_	?	1/77 10 8	7 . to	1	10/ 10	D-Z 11	not (1) (we) fo
hed for u ept. of He fem 21 is		strw the deceased give a above, it were presented a 17h SIGNATURE	of view theybody of	ter death.		of that in (my) (aur) apini	ian death a	ccurred an the da	te and hour an	1 11	ouses stated
000		Celou	15/0	de.	1	ATTENDING PHYSICIAN	MED DIREC	ICAL STAF	AN	1/10	8/83
TO FUNERAL II should be deto with the State [IMPORTANT: IF		27d PHYSICIAN'S NAME (TYPE		CKSIN	J	Lutter	ne	Hosp. 7	=/		1
F 20 2 €	230	BURIAL, CREMATION, REMOVA			VAME OF CE	METERY OR CREMATOR	23d	LOCATION		UNIY	
		BURIAL	1/21/8	3	Mount	Auburn Cem.	0 8	Baltimon	e.		Md.
550M 1/81	24 F	UNERAL DIRECTOR		ADDRESS			DATE REC'D	BY REGISTRAR	Sh. REGISTRAR	'S SIGNATU	RE
(A 15, 4)	Wi	n. C. March F/H	Inc. 110	1 e. no	rth As	renue .	IAN 1	91982	John	- Q G	thill.



(VRA 15, 4)



KO.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN 1 - STATE REGISTRAR CERTIFICATE OF DEATH	83 01170
	NEO MARIA	REG. NO. DATE OF DEATH MONTH DAT TEAM 28 HOUR
the state of the s	JAMES Q MCCALLUM	
may be poge 3 ter death	OTAMIN	01 07 1983 3:35P
4 page 4 minutes	m. negro 6/20/10	72 YRS HONTHE DATE HOURS MALE
2 55 100	76. BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED .	BALTIMORE CITY OR COUNTY OF DEATH
But 17 /8/		BALTIMORE CITY MD.
2 200 3000	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	2. USUAL OCCUPATION APPEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY INDUSTRY
22	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION)	sein our
Y.M. 子石!	136. STATE 136. COUNTY 136. CITY OF TOWN 136. INSIDE CITY LIMITS? 136.	STREET ADDRESS PLAN 1 21213
是一个数据。 第二章	14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME	150 m steem ps
W か 自己(1)	Joseph MECALLUM MARY	CHAMBEYS LAST
16 B 16 B 16	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNINGWIN) [16 YES, GIVE WAR OR DAIES]	a Challes 11122 n. Pde T
THE STATE OF THE S	NO 213-07-4682 Maomi 1	APPROXIMATE INTERVAL
and and and and and and and and and and	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	2 DLL APS-C
ding broom	4599 DUE TO, OR AS A CONSEQUENCE OF	3,220,130
he deth c he attendin emove cart motion, or	Conditions, if ony, which (16) OPEN HEART	SURVEY
0 Day	gove rise to immediate cause (a), stating the underlying cause last.	0.
s that s that ed by olease rial, cr	(c) NCO1 C 8091 MC	PERFORMATION AFRENS
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires the catter of the bursician of the bursician physician. Then plea as the bursicians of permit. Then plea ith and Mental Hygiene prior to buriol, orked or flemm's shows ony injury, or content.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION GIVEN IN PART 1(a)
been mit. I	4 190 DATE OF PPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
ALRE John He J	S ASSERS MENTOS 190. DATE OF PPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY YES NO YES NO NO	
ON OF VITAL HYSICIAN: The ding physicio is certificate buviol-transit Mental Hygie	HOUR AM MONIH DAY YEAR	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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DING PHYSICIAN: or after this certificates as as the buriol-tran folith and Mental Hy marked of them?	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET STREET	CHY OR TOWN COUNTY STATE
DIVG or off After after norke	AT WORK AT WORK	117.23
TENG or us or us of He	220.1 certify that (I) (this hospital) attended the deceased from 19 and that in (my) (aur) opinion deb	to, 19 that (1) (we) lost h occurred on the date and hour and from the causes stated
hosp hosp hesp hesp hesp hesp hem them them them them them them them	226_SIGNATURE DEGREE	22c. DATE SIGNED
O S O O S		AEDICAL STAFF IRECTOR PHYSICIAN 1/7/83
HOSPITAL ired by 11 FUNERAL ord bardet in the Storte OSTANT:	22d. PHYSICIAN'S NAME (TYPE OF PRINT) 220 ADDRESS	
0 8 2 8 8		AKINS 1405PITAL
23	230. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OF CREMATORY	23d LOCATION CITY OF TOWN STATE
BP	24 FINERAL DIRECTOR 250 DATE RE	C'D. 87 REGISTRAR 256. REGISTRAR'S SIGNATURE
DHMH-16 30M 2/80 (VRA 15, 4)	Y NAME OF A SHOW A LADORESS ()	0. 1083

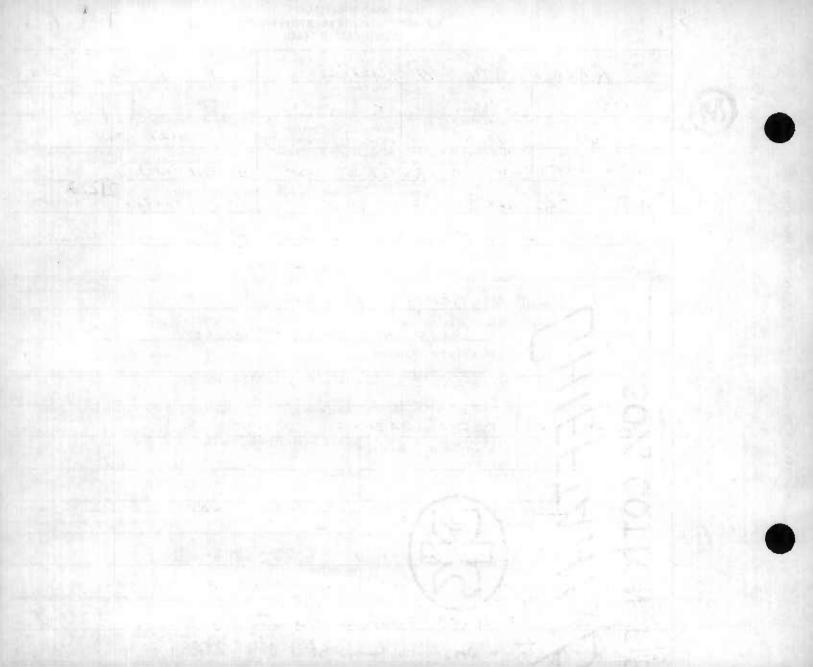
t carriers and that a Di Karr PACE OF STATE the state of the s

R ATE GISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		8
ED NAME	FIRST	MIDDLE	LAST	20. D	ATE O
INT) A	V Mans	m	Ma MADERII		

1	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST		YEAR 26. HOUR
11111	RAYMON	0 M /110	C (ARREU	1-1-8	73 300 A
3. SE		4. RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 H
	MALE	CAUC	S 15 28	54 YRS	DAIL NOONS
	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
3/1	LLINOIS	USA	WIDOWED DIVORCED	BACTIMORE	ary
10.00		11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS INDUSTRY
A STATE OF	SALTIMORE CITY	UNIV. OF MAR	LYCAND HOSP	ELECTRICIAN	
13a S	STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY I ALL BACTION BACTION	VN 136 INSIDE CITY LIMITS?	130. STREET ADDRESS	21200
14 FA	THER'S NAME		15. MOTHER'S MAIDEN NA	ME MIDDLE	1454
UU	STUART /	WICARA	LECC ANNA	the VI	ANDERWAL
	VAS DECEASED EVER IN U.S. AR		JRITY NO. 17 INFORMANT	ADDRESS	
1 5	VES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	- ? HOSPITAL	CHART	
NON	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOU	CAREINOMA OF		EN IN PART 110
CERTIFICATION	190 DATE OF OPERATION 10/25/82		ON NERAL	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{\text{O}}\)
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	In .	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STA
W	22a-1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did no	ol) attended the deceased from 3 1 19 19	92 , and that in (my) (our) opinion		19 <u>\$ 3</u> , tha <u>t (I)</u> (we rand from the causes state
	276. SIGNATURE Mechael	Homel In	M D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
MOKIA	J. MICHARC	- HAMICTON	MI) UNIV. OF M		MIRE MO
230 8	BURIAL, CREMATION, REMOVAL	236. DATE 236. 1-11-83 2	NAME OF CEMETERY OR CREMATORY Jestview Cremat	23d LOCATION CITY OR TOWN	COUNTY most

DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR



Commenced the the Court of the second Additional language of the state TTEMPT TO THE PARTY OF THE PAR TRANSPORT OF THE PROPERTY OF T The typical in the first boundary of the second of the sec A TEMPORAL STREET STREET STREET STREET JAN 26 1983 Jan or Cried

	- STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE 8, 3	11173
	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		RGARET F.	MCCARTIN	/ /	7 83 10:20 pm
	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	Female	White	11/21/07	75 YRS	MIN.
201	ZOUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
X	West Virginia	USA	WIDOWED DIVORCED		Y MD.
44	10 CITY OR TOWN OF DEATH BALTIMORE	111. NAME OF HOSPITAL, NURSIN NOT IN SUCH FACILITY, GIVE STREET UNION MEMORIA		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Housewife	12b. KIND OF BUSINESS OR
35	THE FALL RESIDENCE (IF STATE MD)	- STATE MISTITUTION, GIVE RESIDENCE BEFOR	EADMISSION) 13d INSIDE CITY LIMITS? TE YES NO	13e. STREET ADDRESS 717 W. 34TH S	Street 21211
\$00	Carlos R. Ho	oton LAST	15 MOTHER'S MAIDEN N FIRST Mary Ett	MIDDLE	LAST
medicol	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		ADDRESS	21120
the med	no	234 12 8	8494 Charles M.	Woody 1756 Parson	age Rd. Parkton
ry, or other troum	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c) Vlats CONDITIONS CONTRIBUTING TO	in's lumon	2 MINAL DISEASE OR CONDITION GIVI	EN IN PART 100
5	¿ Cardiac a	rest 3 days	prior to de	ath	
Auo smo	Condiac a 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\cap \) NO \(\cap \)
Hem 18 sh	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH DA	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM IB P.	ART I OR PART 2)
morked or	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	ARM ETC] 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
If them 21 is m	sow the deceased alive of	oitol) oftended the deceosed from 1980 oil view the body ofter death.	DEGREE	n death occurred on the date and hour	19
MPORTANT:	22d PHYSICIAN'S NAME (TYPE		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/17/83
IMPO	CARL SPER	RLING, M.D.	201 E. UNIC		BACTO 21218

TO FUNERAL DIRECTOR: After this certificate has been

ATTENDING PHYSICIAN: The low

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely lishable be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 than with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Burial 1/21/83

24 FUNERAL DIRECTOR
Burgee Funeral Home, 3631 Falls Road 21211

Pk Dorsey Ho 250. DATE REC'D. BY REGISTRAR 25b JAN 19198?

A Chimital 11.00.11. roton . of er tee no 21126 27 12 10 charies . Moody 12th arrange Ma, Tarakton Aureon amenal sone, 7031 14115 coul 21214 JAN 19388 John & County

(VRA 15, 4)

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	San Salvania			

١,	FOR - STATE		'E OF MARYLAND HEALTH AND MENTAL HYO	GIENE 8 3	0 1 1	7 5
	REGISTRAR DECEASED NAME FIRST		FICATE OF DEATH	REG. NO	O. MONTH DAY YEAR	2b. HOUR
	YPE OR PRINT) PE Deg N	H. McCon		20 DATE OF BEATH	1 1683	11:10 P M
	MALE	RACE S. DATE OF THE PARTY OF TH	OF BIRTH '6. 17, 19/2	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS	IF UNDER 24 HRS HOURS MIN.
F	KANSAS	CITIZEN OF WHAT COUNTRY? 8. MARRIE WIDOW	ED DIVORCED	BALTIMORE CITY O	RCOUNTY OF DEATH	MD.
L	BALTO.	NAME OF HOSPITAL, NURSING HOME (NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PALTO (CITATORNA)	FOSP.	120 USUAL OCCUPATION OF THE PROPERTY OF THE PR	FWORKING LIFET INDUSTRY	F BUSINESS OR
130	UAL RESIDENCE (IF HURSING HOME OR OT I. STATEM)		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	CLINTON 2,	1224
1	PATRICK ME	Mc GNIGLY	15 MOTHER'S MAIDEN NA	ME	MALLING	5
160	WAS DECEASED EVER IN U.S. ARME	TIES 509-07-1843	LUISE MC	CONIGLY ADDRE	SHIME 21	1224
	PARTI DEATH WAS CAUSED E MMEDIATE O Conditions, if any, which gave rise to immediate cause ia, stating the underlying cause lost	/ ' ^ > 12 /	ENARY PARRE	oct.	6	Deys
NO	PART 2. OTHER SIGNIFICANT COI	nditions <u>contributing to death</u> but	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110	1
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES	GS USED OF DEATH?
MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART T OR PART 2}	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
	22a t certify that (1) (this haspital) saw the deceased alive an abave, (1) (we) (did) (did not) v	19	nd that in (my) (aur) apınian		, 19, to	
	Richard Charle		DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	FIAN PARES	163
	22d. PHYSICIAN'S NAME (TYPE OR PR	Hones M.D.	30 ADDRESS BALTIMORE	City Ha	codali	

BP______ DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

TO HOSPITAL

should be detached for use as the burial-trans! per mit. Then please remove carbo with the State Dept. of Health and Mental Hygerne prier to burial, cremation, ar re

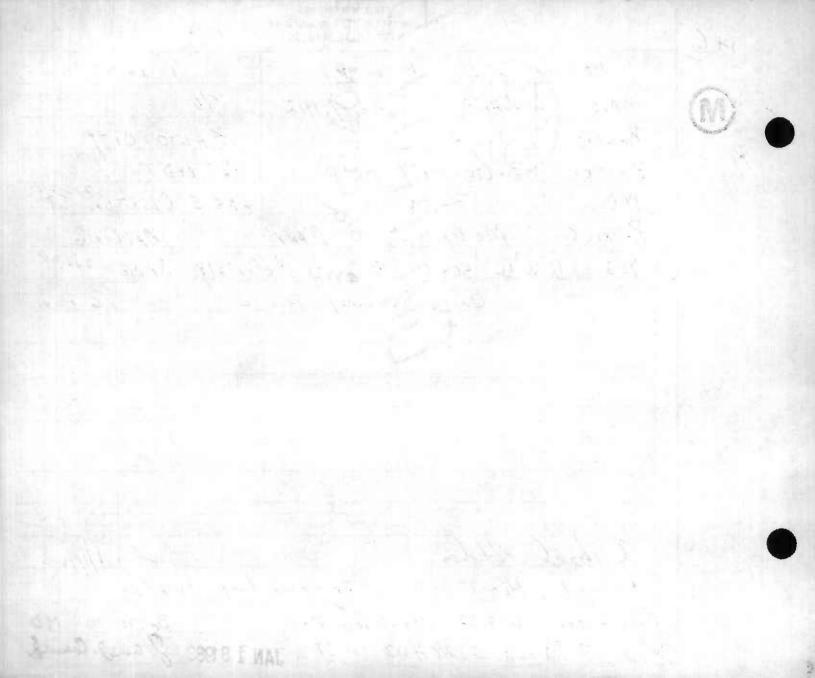
IMPORTANT: If them 21 is marked or them 18 sh

236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY CREMATORY MEM.
24 FUNERAL DIRECTOR THOMAS J-SKARDA 2829 JUDSON ST. 256, DA

TAN 1 8 1983

23d LOCATION

J. Comments Signature



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	0.		
	{TYPE	CEASED NAME FIRST ORPRINTS Benjan	1	McCo	nnell Sr.		Jan. 12	198	10 F
	1 SE	Male	White	-	• 21°, 191°°	6. AGE (IN YEARS LAST BIR	MOM	UNDER I YEAR	HOURS MIN
5		RTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED		Baltimore City C		FDEATH	٨
		Baltimore	111. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Baltimore Cit	y Hos		120 USUAL OCCUPATION OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T	F WORKING LIFE)	126 KIND OF INDUSTRY Const	BUSINESS O
5	13a S	Maryland Balt	ROTHER INSTITUTION GIVE RESIDENCE BEFOR LIMOTE 13c CITY OR TOW Dundall		13d INSIDE CITY LIMITS? YES NO X	6709 Thruw	ay 2	1222	
36		THER'S NAME John	McConnell		15. MOTHER'S MAIDEN N. ELIEN	AME		DeGro	at
2	16a V	VAS DECEASED EVER IN U.S. AR LOO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 179,16,2			jamin C/ McC rles Circle,			21237
	NC	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO ASSTRUCTOR AS A CONSEQUE (c)	ENCE OF	OT RELATED TO THE TER	(presumed e		IN PART 110	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERE FINDING	SS USED OF DEATH?
7	MEDICAL CER	sow the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F atal) ottended the deceosed from 11 view the body after death.	19 ARM, ETC.) 8.3., onc	211 LOCATION STREET 1 that in (my) (our) opinion EGREE ATTENDING PHYSICIAN	CITY OR TO	WN /2, 19.	COUNTY	STATE of (1) (we) lo
	91	Bruce	Kindsian		22e ADDRESS				
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CE	METERY OR CREMATORY	23d LOCATION			

DHMH - 16 50M 1/81 (VRA 15, 4)

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236 BURIAL, CREMATION, REMOVAL BURIAL 1/15/1983

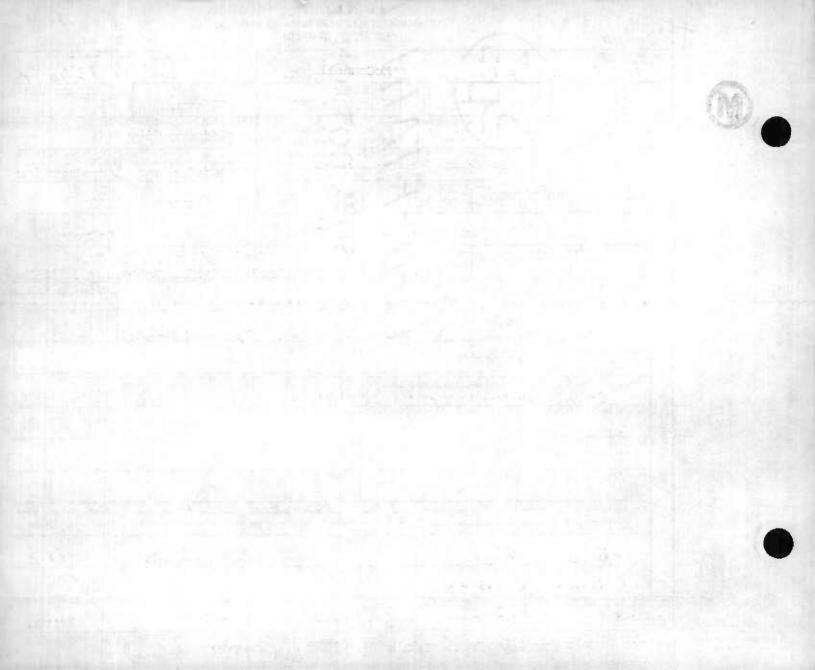
Queen of Peace Cem.

23d LOCATION
CITY OF TOWN
Hawley

Penna. COUNTY

Walter Brooks Bradley, Inc. Dundalk Md. 21222

BY REGISTRAN 356. REGISTRAN'S SIGNADURE



N	1.	FOR STATE REGISTRAR		DEPARTA		ATE OF DEATH	HYGIENE 👸 🔾	U	1 1	/ /
A)		CEASED NAME FIRST		WIDDLE	LAST			MONTH D	AY YEAR	26 HOUR
2		LAWR	ENCE	M	ICCRAY	SR.		01 28	1983	12:054
1.1	3. SE	X	4. RACE		5. DATE OF I	BIRTH YEAR	6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER 24 HRS
9 5		male		Black	11	7 18	64	YRS.		
# 9 An an		IRTHPLACE STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY?	MARRIED T	NEVER MARRIED	BALTIMORE CITY O	R COUNTY	OF DEATH	
The state of		S. Carolina	U	.S.A.	WIDOWED [DIVORCED	□ BALTIMO		CITY	MD,
9 3 1		ITY OR TOWN OF DEATH	(IF NOT IN S	F HOSPITAL, NURSIN	ADDRESS)		12a USUAL OCCUPATION OF OF WORK FOR MOST O			F BUSINESS OR
by the	Marie Control	BALTIMORE	THE	JOHNS HO	PKINS	HOSPITA				
ld be	USU 130.	AL RESIDENCE (IF NURSING HOM STATE 136. CO		13c. CITY OR TOW		d. INSIDE CITY LIMITS	? 13e. STREET ADDRESS			21213
should be		Maryland		Baltin		YES NO	1843 N.	Regis	ster S	t.
10 miles	14. F.	ATHER'S NAME	WIDDLE	LAST	15	MOTHER'S MAIDEN				
1 3 3 DC		Lucius	MIDDLE	McCray	v	Eunice			Bog	kin
d co		WAS DECEASED EVER IN U.S.		? 16b. SOCIAL SECU		7. INFORMANT	ADDRE	55 .		
Poges 1	1	YES NO OR UNKNOWN) [IF YES	, GIVE WAR OR DATES)		-60851	onna M W	ilkerson 18	34 E	. 29th	St.
icior ers.		18 CAUSE OF DEATH (Ente	only one couse o							MATE INTERVAL
phys pop nove ent,		PART I. DEATH WAS CAL	JSED BY:		oul mos	100	res T		BE) WEEN C	NACI AND DEATH
red red		72/9 MME	IATE CAUSE (o)_			1 201	11.91			W.
e co on, o		Conditions, if ony, which	DUE TO,	Prohobly	Pulm	onung Emk	in list			
motic trou		gove rise to immediate	(b).			oney Cons	0,00			
by the ase rei I, crem other		couse (a), stating the underlying cause lost.	DUE TO,	OR AS A CONSEQUE		QUA. To	tion for gun qu		,	
D = 5 9		DART 2 OTHER CICALICICA	(c)_	Stype por			ERMINAL DISEASE OR CON	roymuy	ALINI DADT I	
n signa Then p to bu injury,	Z	1. 1.	Vieto		JEATH BUT NO	OI RELATED TO THE IT	EKMINAL DISEASE OR CON	JIIION GIVE	HIN PART HO	
prior i	CERTIFICATION	Diehetic 190. DATE OF OPERATION		OCE do 4/9	OPERATION Y	WAS PERFORMED	Z00 AUTOPSY?	20b. IF YES.	WERE FINDIN	GS USED
perm Dem	FIC	1/27/83					VEC EL NOTO	1	ING CAUSES	
the burial-transit per and Mental Hygiene ked or Hem 18 shows	E	710. ACCIDENT WAS UNDERLYING	215 TIME	9 4 9 4 7 7 C	77	Tr HOW IN IURY OCC	YES NO	YES		NO 🗌
is certificate burial-transit Mental Hygie or Hem 18 sho		OR CONTRIBUTING CAUSE OF		A.M. MONTH DA	AY YEAR	THE THOU IN THOUSE OCC	TORKED (ENTER NATURE OF 11930)	THEM IS FA	RII ORFARIZI	
cerrico verio hent Hen	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM		P.M. E OF INJURY	19	If. LOCATION				
this he bu	Me	WHILE NOT WHILE		E OF INJURY STREET, FACTORY, OFFICE, F		STREET	CITY OR TO	WN	COUNTY	STATE
Afrer this e as the bu ofth and M marked or	-	AT WORK AT WORK					1750		63	
USE Heo Heo is m		220.1 certify that (1) (this he	1120		00.5	. 19		, 1		that (I) (we lost
of of 121		sow the deceased alive obove, (1) (we) (did) (did			, 0110		ion death occurred on the de	ite and haur		
DiREC Dept. If Item		226. SIGNATURE	, 111	of link	DE	GREE ATTENDING	C MEDICAL STAT	c	22c. DATE	
detoc ote D IT: #		1/ um	Ve V	My	/	no ATTENDING	MEDICAL STAT	IAN A	1/2	28/83
TAN		22d. PHYSICIAN'S NAME (T)	PE OR PRINT)		2	22e ADDRESS		120.3		2011
TO FUNERAL DIS should be detoch with the Stote De IMPORTANT: If It		Victor	V. Vill.	urreal		Johns Ho	opkins Hospi	10/7		
₩ 3 ₹ 1	23a.	BURIAL, CREMATION, REMOV			NAME OF CEN	METERY OR CREMATO				
		BURIAL	2/2	/83	Mount	Calvary	Cen Baltin	ore	COUNTY	Md.
A 5088 4 (50	24 F	UNERAL DIRECTOR					DATE REC'D BY REGISTRAR			
I - 16 50M 4/82	1	NAME		ADDRESS			COM L C VIVI	-77 ULA		

Wm.C.March F/H Inc. 1101 E.North ave.

(VRA 15, 4)

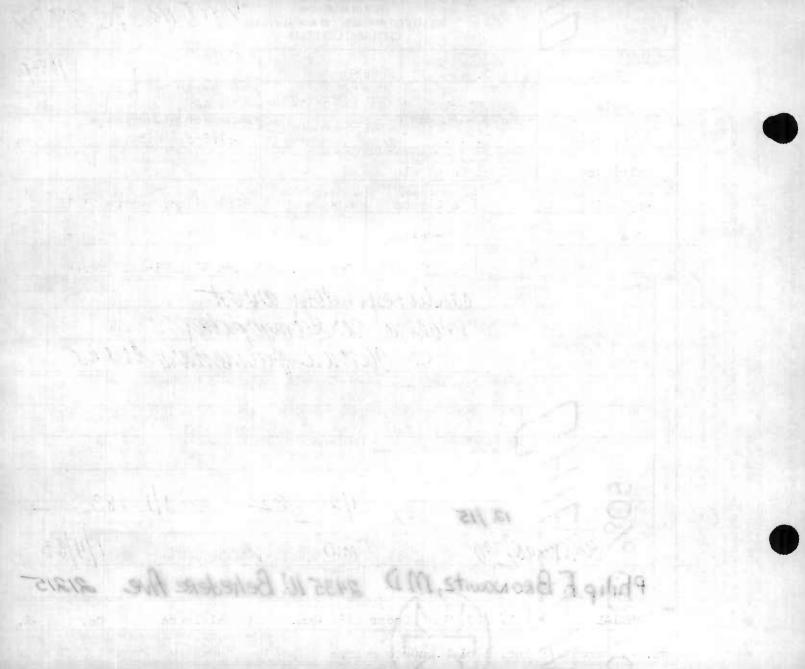
STATE OF MARYLAND

ALTERNATION SERVICE RELEASE TO THE TAXABLE NAME. 1997 1354589 William - William - This wife - we say CHILLIS MED FIRE COMPANY STATE

Wm. C. march F/H Inc. 1101 E. nOrth ovenue

(VRA 15, 4)

STATE OF MARYLAND



	XX	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE 8 3 0	1179
tul 102	1 04 50	1. DECEASED NAME (TYPE OR PRINT) JAIS	E MIDDLE	CDANIELS	JANUARY 16, 19	2b. HOUR 10:40p
*	(M) ="	3 SEX Female	4. RACE Black	5. DATE OF BIRTH MONTH DAY MAY 2 1898	N.C.	FUNDER 1 YEAR IF UNDER 24 HRS
:	1 1000	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Outh Carolina	76. CITIZEN OF WHAT COUNTRY		A BALTIMORE CITY OR COUNTY	
121	19/3	BAPATAMORPEATH	USA 11. NAME OF HOSPITAL, NURS JOANSCH HUPKIT	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORKING LIFE)	MD. 12b. KIND OF BUSINESS OR
DA.N.		13a. STATE 13b CC	E OR OTHER INSTITUTION. GIVE RESIDENCE BEFO DUNTY 13c. CITY OR TO	ORE ADMISSION) WN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Z1213
RYLAN	should be should	Md.	Ba I to.	YES NO 15 MOTHER'S MAIDEN N	2504 E. Chase St	LAST
N C D A N BALTIMORE, MARYLAND 2120		John 160 WAS DECEASED EVER IN U.S. 1785, NO OR UNKNOWN) 18945	Chandler ARMED FORCES? 16b. SOCIAL SEC.		ADDRESS	
ALTIMO	4.2 si 2	NO Is CAUSE OF DEATH (Ente	ranly ane cause per line for (a), (b),		ckey 1117 N. Lakewo	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON ST.,	equires that the death certifications in signed by the attendation of the majors contains a robustical significant of the signi	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	uence or metastatic gast	Mic Core in and a condition gives	
DIVISION OF VIT AL RECORDS,	The low	E NH	/	H OPERATION WAS PERFORMED	YES NO VES	
NOF VIT	HYSICIAN: T ding physics is certificat burial-tran Mental Hya	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH INER) P.M.	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)
IVISIO	DING PHY or ottendia After this se of the bu olth and M marked or	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 211 LOCATION STREET	Not A Town	COUNTY STATE
93	OR ATTEN hospital DIRECTOR: ched for us lept. of Hem 21 is	saw the deceased alve above((I)(we) did did 22b. SIGNATURE	aspital attended the deceased from an 19	DEGREE ATTENDING PHYSICIAN	medical STAFF DIRECTOR PHYSICIAN	9 3 , that (1) (we) last and fram the causes stated 22c. DATE SIGNED 3
	TO HOSPITAL Cetoined by the TO FUNERAL Eshould be deton with the Stote EliMPORTAN; if	228. PHYSICUM'S NAME (IT	ph S. Weins	tein John	· Hopkins He	ospital
	BP	230. BURIAL CREMATION, REMO	1 1-1	The Auburn Cementary of Crematory	Balto. Md.	COUNTY STATE
	DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Leroy O. Dyett	ADDRESS 4600 Liberty Hats	25o. D	ATE REC'D. BY REGISTRAN 29 EGISTR	ar's signature Court

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*****	Company of the state of	niv Pa					
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1721 N. MONROE ST.

STATE

E.L. PHILLIPS

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

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Leroy O. Dyett 4600 Liberty Hgts. Ave.

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DHMH - 16 50M 4/B2

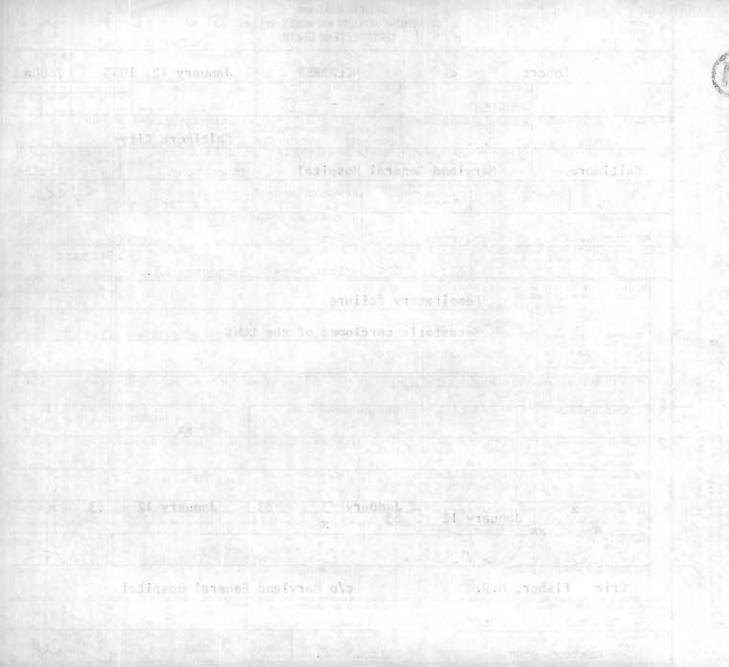
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

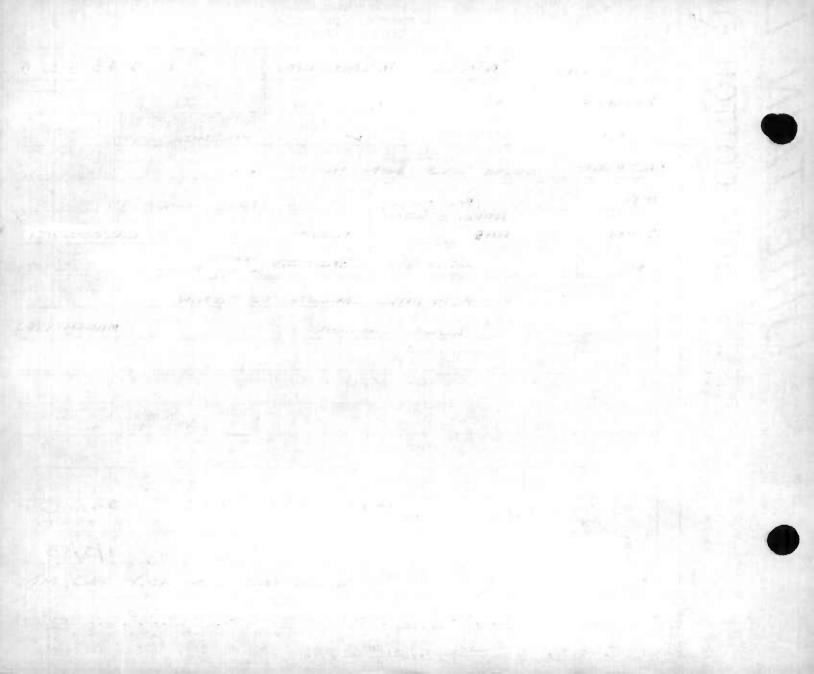
CERTIFICATE OF DEATH

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	1,	STATE REGISTRAR				CERT	IFICATE OF DE	EATH	REG. NO	0.		
		CEASED NAME	FIRST		MIDDLE		LAST			MONTH	DAY YEAR	2b. HOUR
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	3. SE	Х	44	4. RACE		5. DAT	OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR	THDAY	MONTHS DAYS	IF UNDER 24 HRS
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201 rs ofter by the filed wif		Baltimore		/ (IF NOT IN SUC Mar	y land	Genera			12a. USUAL OCCUPATE {TYPE OF WORK FOR MOST O Management	F WORKING	LIFE) INDUSTRY	nautics
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120. ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the this certificate has been signed by the attending physician and completely filled in by as the buriod-transit permit. Then please remove corbanappers. Pages 1 and 2 should be filled in hand Mental Hygiene prior to buriol, cremotion, or removal.	13a.	AL RESIDENCE (IF NURSIN	IG HOME OR	OTHER INSTITUTION	13c. CITY OF	e before admissio R TOWN .dena	13d. INSIDE CIT	Y LIMITS?	13. STREET ADDRESS 1392 Tanya	ırd L	ZII ane	SZ
within within d 2 sho	14. F.	ATHER'S NAME		MIDDLE	LAS	ST	15. MOTHER'S	MAIDEN NAM	ME MIDDLE		LAST	
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ore or or or or or or or or or or or or or		WAS DECEASED EVER IN		MED FORCES?	166 SOCIAL	SECURITY NO	. 17 INFORMAN	1T	ADDRE	^{SS} 13	92 Tanya	rd Lane
TIMO on o. S. Po		No			550-1	2-0274	Vicki	Buck	Pasadena,	Md.		
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	24 F	UNERAL DIRECTOR		1/13				250, DATE	REC'D BY REGISTRAR	25bcREG	STRAR'S SIGNATU	URE _
DHMH - 16 50M 4/82 (VRA 15, 4)		Anato	mv B	oard	ADD	PRESS Balt	o., Md.	JAN	20 1983	bal	ingle Ca	welk



STATE OF MARYLAND



STATE OF MARYLAND

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DEPARTMENT O

ATE OF MARYLAND F HEALTH AND MENTAL HYG IFICATE OF DEATH	IENE 8 3		1	8	6	
LAST	20. DATE OF DEATH MONTH	DAY	YEAR	26 HOL	JR _	
Meeder, Sr.	January 15, 1983				MAG	
E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS		
NTH DAY YEAR		MONT	HS. DAYS	HOURS	MIN.	
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RIED MEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF	DEATH			
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E OR OTHER INSTITUTION	120 USUAL OCCUPATION		126. KIND OF BUSINESS OR			
	(TYPE OF WORK FOR MOST OF WORKING I	LIFE) I II	NDUSTRY			
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	OOT TO COLUMN			212	111	
YES K NO	2817 Christophe	er	Ave.	pr/61/	*	

DECEASED NAME TYPE OR PRINTS Franklin L. 1. 5EX 4. RACE 5. DA1 Male White Auc a BIRTHPLACE I STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY COUNTRY MARI Maryland U.S.A. 11. NAME OF HOSPITAL, NURSING HOM O CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore 2817 Christopher Av USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIO 13e. STATE 13b. COUNTY 13c. CITY OR TOWN Maryland Baltimore A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST LAST MIDDLE Frank J. Meeder Matilda Stagge WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! No Ethel Meeder 2817 Christopher Ave. 051-01-8972 APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse in storing the underlying gouse lost TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO RE DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 214 INJURY OCCURRED 21e. PLACE OF INJURY ZIF LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME, STREET-EACTORY-OFFICE FARM, ETC.) 2211 I certify that (I) [this hospital) attended the deceased from sow the deceased alive a and that in (my) (aut) apinion death accurred on the date and have and from the causes stated above (I (we little) (de nat) yiew the body after death. DEGREE MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 122 PHYSICIAN'S NAME (YPE OF FRIN 22e. ADDRESS Donald W. Mintzer, M.D. 3009 Evergreen Ave. Baltimore, Maryland

100 FUNERAL During by the Stone C WPORTANT. 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL (SPECIFY) STATE Burial Jan. 18, 1983 Moreland Memorial Park Baltimore Maryland 24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4)

Leonard J. Ruck, Inc. Baltimore, Maryland

FOR

REGISTRAR

- STATE

1983

Company of the Contract of the

Leonard J. Ruck, Inc. Baltimore, Maryland

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE

Maryland

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

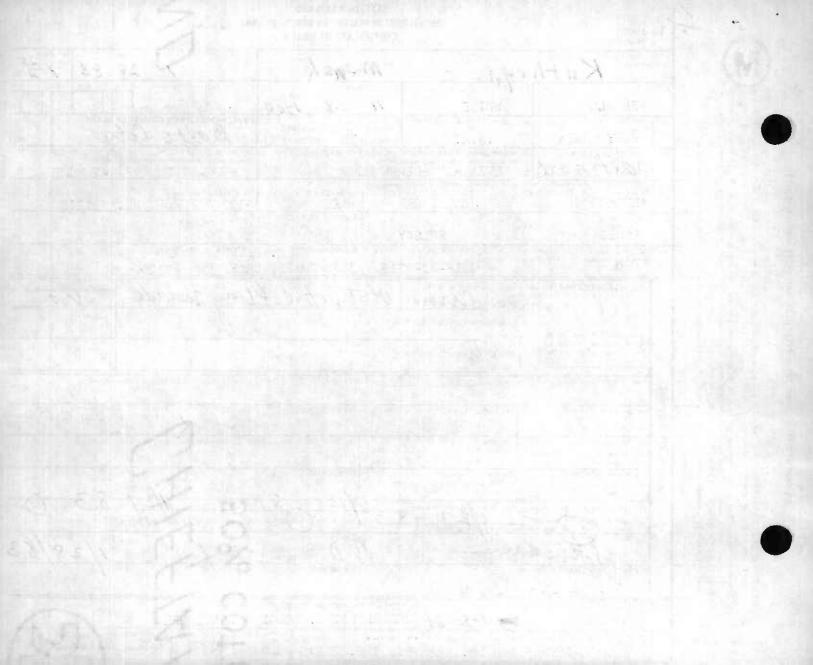
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR			CERTIF	ICATE OF D	EATH	REG. N	0.		
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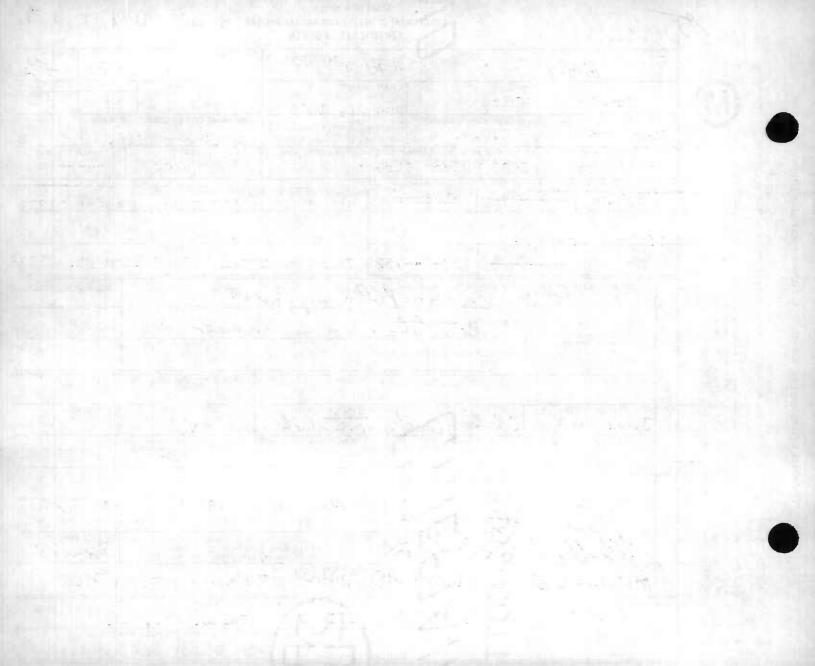
DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.
6010 REISTERSTOWN RD., BALTO., INC. 21215

FEB 1 1983 FEB 1 1983



Baltimore, Md

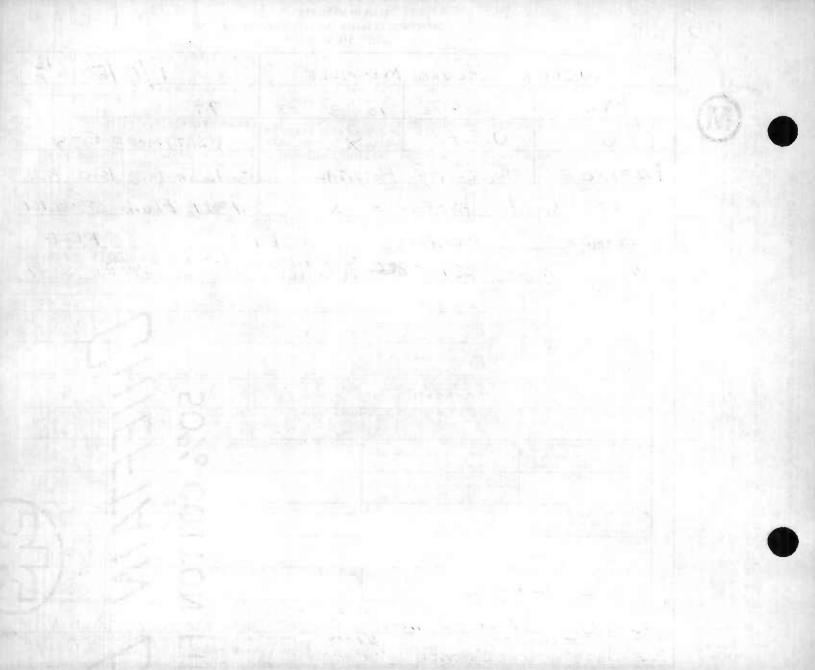


KENSON

FUNERAL SERVICE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion ond campletely filled in by them should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

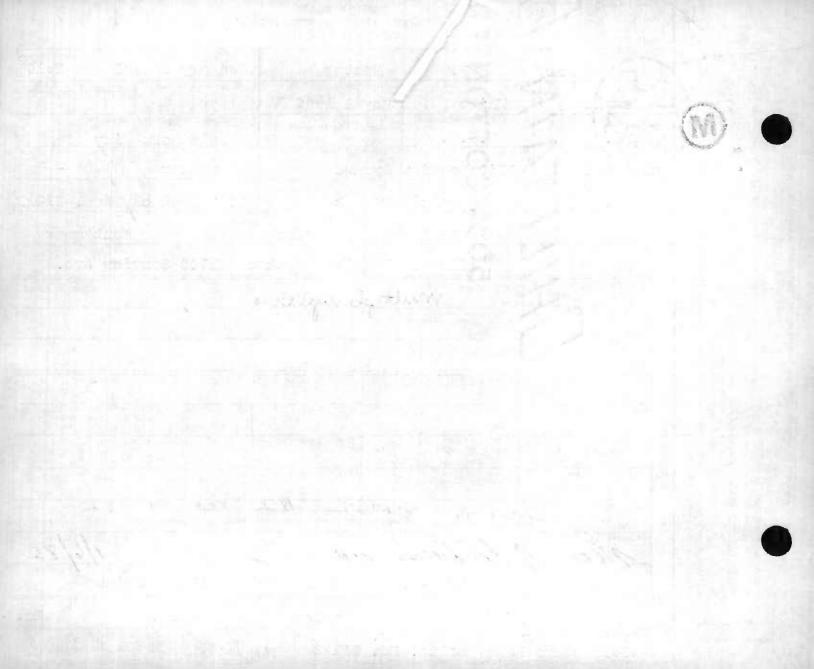
etoined by the haspital or attending physician.

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DHMH-16 50M 1/B1 (VRA 15, 4)

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Mary Female PLACE STATE OR FOREIGN	4 RACE White						3	2
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PHYSICIAN'S NAME		Due	2 1	ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	CIAN	1/6	18
Des	F	eldman		302 Gr	eenspring	Stati	Lon	
Dr.	Mary F. Ale White STATE OR FOREIGN 18. CITIZEN OF WHAT COUNTRY? 8.			1			_	
	ER'S NAME FIRST TIE DECEASED EVER IN U.S. AR NOOR UNKNOWN) CAUSE OF DEATH (Enter on PART I. 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4	1.	FOR STATE REGISTRAR	DI	PARTMENT OF	E OF MARYLAND IEALTH AND MENTAL ICATE OF DEATH	L HYGIENE 8 3	0 1 1 9 2
noy be poge 3	(TYP)	CEASED NAME PIRST	MIDOLE	W:	a gett	20. DATE OF DEATH MONTH	-28-83 5 A M
ope 4 me Tor, p	3. SE	M	4. RACE	5. DATE (60 y	MONTHS DAYS HOURS MIN.
TO TO		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	MARRIE	The second secon	D Balto	City MD.
10 BS		Balto. City	11. NAME OF HOSPITAL,	VE STREET NODRESS)	TOSP.	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK	
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AARYLAND ded within 24 completely Ills cont 2 shoots recomment my		THER'S NAME PIRST Dennis	Mide		15. MOTHER'S MAIDE	e Noole	Newton
BALTIMORE table be execu- spirit, Pages eal.		VAS DECEASED EVER IN U.S. AF YES. NO OR UNKNOWN) (1F YES. GI	VE WAR OR DATES!	-12 -5428	Rosa Mic	address	dington Rd. APPROXIMATE INTERVAL BETWEEN OWNET AND DEATH
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ATTENDI ospitol or ECTOR: A d for use if. of Heol		27a.1 certify that (I) (this hosp sow the deceased alive or above (I) (we) (did not 27b. SIGNATURE I)	1/23/	0/-	d that in (my) (our) op	83, to 28	thour and from the couses stated
the Dorte Do		224 PHYSICIAN'S NAME (TYPE	Koho Kul	Mi	ATTENDI PHYSICI 220 ADDRESS	NG MEDICAL STAFF	1/28/83
TO HOSPITA reformed by TO FUNERA should be d with the Sta	23a	BURIAL, CREMATION, REMOVAL	1236. DATE	23t. NAME OF C	EMETERY OR CREMAT	ORY 236 LOCATION	p (Batta) MD
BP		Burial UNERAL DIRECTOR	2/3/83	Property and the	Park	Randalls	COUNTY Md
DHMH - 16 50M 4/82 (VRA 15, 4)		has.A.Rice F	SPA 1300 1	Eutaw	Place	JAN 3 1 1983	& Cowief

BINESTAL STATES OF STATES OF STATES .be notherbook 2001 the best send the selection What I was a series of the ser John A. Miller B. M. 1990 Britain Place

10	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
to do other thanks		MATTHEW		MIKLEWSKI	JANUARY 1, 1983 12:2
100	3. SE	x Mr.Le	4 RACE White	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR FUNDER 24
2	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City
Selected A	10. C	Baltimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE hurch home.	NG HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION 126 KIND OF BUSINESS (TYPE OF WORKFORMOST OF WORKING LIFE) INDUSTRY Sell-Employed Grocer
35	USU 13a	AL RESIDENCE LIF NURSING HOME OF STATE 136 COU		RE ADMISSION) VN \$13d INSIDE CITY LIMITS?	130 STREET ADDRESS 2330 E. Fairmount Ave 2122
Pa	14. E	ATHER'S NAME FIRST FICENOR	Miklewski LAST	15. MOTHER'S MAIDEN NA Antoinet	ME
. Poges		NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 377 13		ewski 2330 E. Fairmount Ave
please remave carbonpoper vriol, cremation, or remaval. , or other traumatic event, th		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEOL DIF	ENCE OF LENGE OF POSTERIOR M	ST APPROXIMATE INTERVA- BETWEEN ONSET AND DE YOCARDIAL INFARCTION VINAL DISEASE OR CONDITION GIVEN IN PART 1 to
s ony injury	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH' YES NO
Mental Hygier or Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
alth and M marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN COUNTY STA
for us of He 21 is		obove, (I) (we) (aia) (aia n	oital) ottended the deceosed from an JANUARY I 19 at 1 view the body ofter death.		82 to JANUARY 119 83, that (I) (we death occurred on the date and hour and from the causes state
be detoched e Stote Dept. TANT: If trem		T. Kau	ofa	DEGREE ATTENDING PHYSICIAN [
should be dete with the Stote IMPORTANT: I		T. KAWAJA	МД	22e ADDRES CHURC 100 N. BRO	ADWAY BALTIMORE, MD: 21
, 51	23a.	BURIAL, CREMATION, REMOVA ISPECITY) Burial		NAME OF CEMETERY OR CREMATORY St. Stunislaus	Bultimore. Muruland
5 50M 4/B2 15, 4)		hn M. Weben &.	Sons Inc. 40100RFSS.		TE REC'D. BY REGISTRAR 256. III DISTRAR'S SIGNATURE AN 4 1983

8	1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 3 0	1194
e e e		CEASED NAME FIRST	MIDDLE	MILLER SR.		DAY YEAR 26. HOUR
tar, page 3	3. SE.	ALBER	I. RACE	5. DATE OF BIRTH MONTH 2-16-1930	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
oth. Page		RIHPLACE (STATE OR FOREIGN) OUNTRY) VARYLAND	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	9. BALTIMORE CITY OR COUNTY BALTIMORE	0
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in 24 hours ly filled in the should be filled must be		AL RESIDENCE (IF NURSING HOMEOR COTATE NO COUNTAINE NO CO	OTHER INSTITUTION, GIVE RESIDENCE BEFORE IY 131. CITY OR TOW	ADMISSION) N 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 8719 WENDE	21234
mpletely ond 2 sl	D. FA	THER'S NAME FIRST OHN A	MILLER SE		MIDDLE	IEIN
n and co			WAR OR DATES) WAR OR DATES) SEAN 212.21	8057 Hra Delows	M. Willer 8719	21234 WENDELL AVE
res that the death certificate gned by the attending physici in please remove carbanapaper burial, cremation, or removal. by, or other traumatic event, th		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) S P P	NCE OF 7/10to.	A 3° to Amb	BETWEEN ONSET AND DEATH SET WEEN ONSET AND DEATH LEN IN PART 1 to
he law require on. has been sign t permit. Then tene prior to bu	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
SICIAN: The Ing physicion. certificate has unal-transit per Annal Hygiene Hem 18 shows		2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	21c HOW INJURY OCCUR	RRED (ENTER MATURE OF IMJURY IM ITEM 18 P	PART 1 OR PART 2)
DING PHYSIC or attending After this cer is as the burio althoud Ment marked or the	MEDICAL	21d. INJURY OCCURRED WHILE OF WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
O HOSPITAL OR ATTENDIN etained by the haspital or TO FUNERAL DIRECTORS: A should be detached for use a with the State Dept. of Healt MPORTANT; if hem 21 is ma		22a.1 certify that (I) (this hospitt saw the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE	7. Philly Me	DEGREE ATTENDING	deoth occurred on the dote and hou	19 33, that (I) (we) last rand from the causes stated 22c. DATE SIGNED 1/ c) 8/83.
Bb————————————————————————————————————		BURIAL, CREMATION, REMOVAL SPECIFY BURIAL.	1	MD. 100 E. J NAME OF CEMETERY OR CREMATORY WORELAND MEMORIA	23d LOCATION CITY STOWN CITY STOWN	MCOUNTY STATE
DHMH - 16 50M 4/82 (VRA 15 4)	24 F	WERAL DIRECTOR	7507 Agoress		TE REC'D. BY REGISTRAR 256 SIST	RATTSIGNATURE

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Mobile - 7527 Harland Rd

FOR

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(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

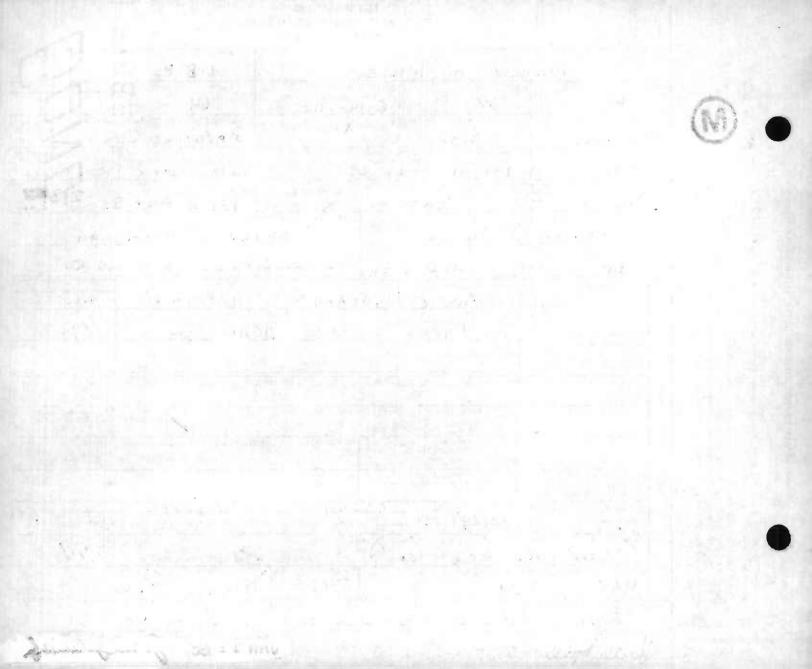
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IF UNDER 24 HR



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REGISTRAR

9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) Fulton Ave21217 Best 705-05-8375 Dilha Miller 1810 N. Fulton Avenue 5 min. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE (3), and that in (my) (our) opinion death accurred on the date and haur and from the causes stated 22c. DATE SIGNED BURIAL Arbutus Mem. Pk Arbutus: 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 ADDRESS Wm.C.March F/H Inc. 1101 E. North Avenue (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS

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	. 64	1. DECE	ASED NAME FIRST PRINT)	MIDDLE		LAST	2a. D	ATE OF DEATH	MONTH DAY YE	EAR 26 HOUR
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	softer p	3. SEX	PALE	WHITE	10	OF BIRTH 15 19	10	72	YRS.	DATS HOURS MIN
	E WISC	ma BIRT	HPLACE (STATE OR FOREIGN NTRY) RYLAND	76. CITIZEN OF WHAT	A . WIDON	ED NEVER MARRIE	ED U	ALTIMORE CITY OF	E CITY	TH MD.
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ND 2120	24 hours		RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESI			-	TREET ADDRESS	MADEI	DA ST
MARYLA	and 2 shows	MATE	ER'S NAME	MIDDLE	LAST	15. MOTHER'S MAID	DEN NAME	+ALAK		LAST
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W. PRESTON ST., BAL	hat the death of the office of		CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE I SOME INMEDIAT Conditions, if ony, which gove rise to immediate ause (a), stating the inderlying couse last.	D BY: E CAUSE (o) DUE TO, OR AS A (b)	CONSEQUENCE OF	whomas he colo	ny a	vest		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ROS, 20	equre n ple n ple nurio		ART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIB	UTING TO DEATH BE	T NOT RELATED TO TH	HE TERMINAL I	DISEASE OR CON	DITION GIVEN IN PA	RT lia
AL REGO	has been a	CERTIFICATION	DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERAT	ON WAS PERFORMED	20 YE	AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES	
OF VIE	SICIAN: 19 physic curtifical curt		a. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHY MEDICAL EXAMINER)	TH HOUR A.M. ME	ONTH DAY YEA	?	OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I OR PAI	RT 2)
VISIO	S The D	¥ .	d. INJURY OCCURRED WHILE NOT WHILE WORK	(AT HOME STREET, FACE	JRY GRY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	NA	CITY OR TO	WN COUN	ITY STATE
	Spitol or spitol or difference of the other months of the other mo			al) ottended the deceo	19 85	and that in (my) our) o	53, topinion death	occurred on the d	ote and hour and from	m the couses stoted
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000	retoined by the retoined by the TO FUNERAL should be det with the State IMPORTANT:		Tosep	h S. L	Jeinstei.	Tol	10> 4	Hopkins	H0 = p	: fal
	BP	191	RIAL REMATION, REMOVAL	11/19/83	3 57 AME S	TANISLAU	15	BALT!	MORE	MOTATE
DH	MH - 16 50M 4/B2 (VRA 15, 4)		ERAL DIRECTOR RA	MARAL	Cotto 25	5-51		D. BY REGISTRAR	256. REGISTRAR'S SIC	SNATURE

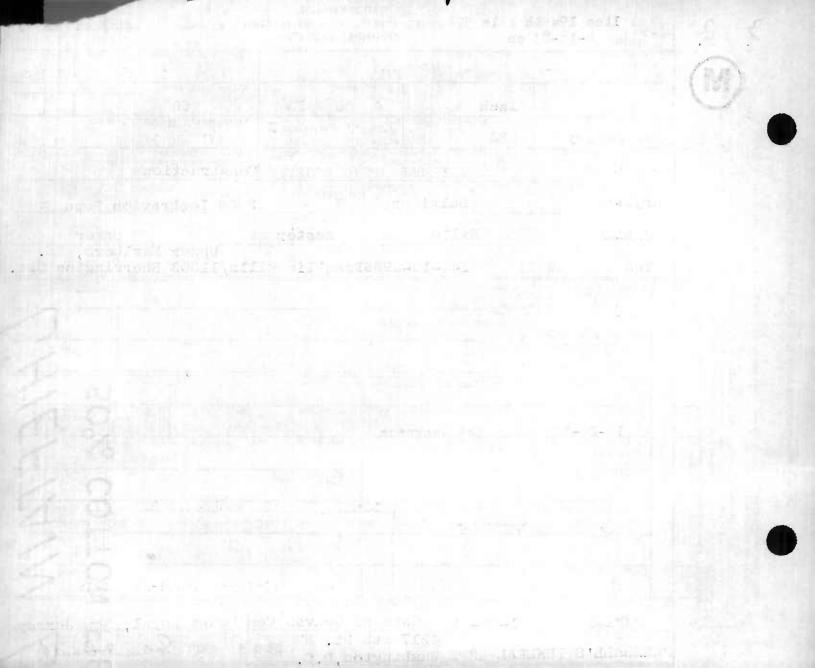
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TO HOSPITAL OR ATTENDING PHYSKIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 retained by the hospital or attending physician.

		CEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOU
1	100	PRI	ESTON	J.	MILL			1 26 83	2:1
	3. SE	X	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DATS	HOURS
		MALE	Black		Manti	6 DAY 13	69	TRS.	
7	70. B N	IRTHPLACE (STATE OR FOREIGN COUNTRY) LEW Jersey	75. CITIZEN O	F WHAT COUNTR	MARRIE WIDOWE	D NEVER MARRIED X	BALT I MORI	E CITY,	
3		BALT I MORE		UCH FACILITY, GIVE STRE	EET ADDRESS)	RYLAND21218	120 USUAL OCCUPATION OF WORK FOR MOST OF COnstruct	F WORKING LIFE) INDUSTRY	OF BUSINES
5	13a.	AL RESIDENCE (IF NURSING HO. STATE 13b. C	ME OR OTHER INSTITUTIO	Baltir	OWN	136. INSIDE CITY LIMITS?	3900 Loc	ravion Ros	de
00		ather's NAME PIRST OR LANDO	WIDDLE	Mills		15. MOTHER'S MAIDEN NA Hester	WE	Baker	51
1	160 V	WAS DECEASED EVER IN U.S	S. ARMED FORCES? S. GIVE WAR OR DATES)			Franklin M:			
		Conditians, if any, whic gave rise to immediat couse (a), stoting th underlying cause las	DUE TO	OR AS A CONSEC	OUENCE OF .	2 gangren			
a	ICATION	gave rise to immediat couse (a), stating th underlying cause las	DUE TO,	OR AS A CONSECUTIVE TO	O DEATH BUT	OCL AKA 2 gaugeen NOT RELATED TO THE TERM ON WAS PERFORMED	AINAL DISEASE OR CONI	20b. IF YES, WERE FINDII	NGS USED
9	RTIFICATION	gave rise to immediate couse (a), stating the underlying cause lass PART 2. OTHER SIGNIFICATION 198, DATE OF OPERATION 12-26-82	DUE TO, (c) INT CONDITIONS (OR AS A CONSECULATION OF CONTRIBUTING TO	O DEATH BUT	ON WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDING CAUSES YES	NGS USED
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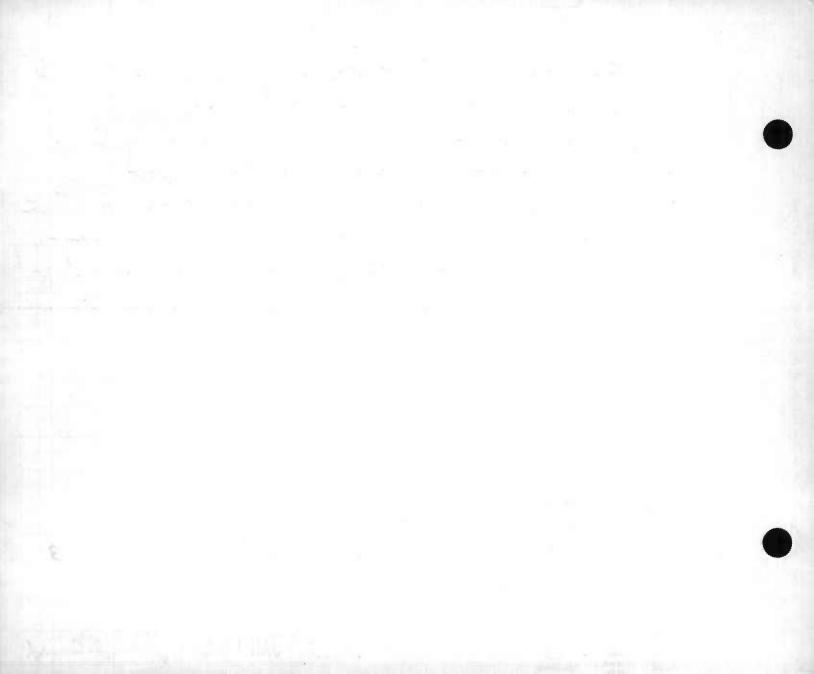


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH Libby (TYPE OR PRINT) 83 3 SEX LRACE AGE (IN YEARS LAST BIRTHDAY) FEMALE WHITE 06 08 (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BAlto. Cit MARYLAND DIVORCEXXX WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIRS STREET ADDRES (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BATTIMOre SECRETARY BUSINESS 13e STREET ADDRESS 7207 VALLEY 130 CITY OR TOWN 13d INSIDE CITY LIMITS? MARYLAND BALTO. BALTIMORE CT., APT. T-3 #21208 NO XX 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST LAST MIDDLE FRANK TILLIE KLING BLAUSTEIN 60 WAS DECEASED EVER IN U.S. ARMED FORCES? MRS. FRANCESDEENZ 166 SOCIAL SECURITY NO APT. 207 17. INFORMANT LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) NO 6300 RED CEDAR PLACE 216-03-8253 BALTO., MD 21209 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if ony, which gave rise to immediate cause to, stating cause HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211. LOCATION TIE PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM ETC.) CITY OR TOWN COUNTY NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from. saw the deceased alive an and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated DEGREE C.M PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY (SPECIFY) BURIAL JAN.13,1983 BNAI ISRAEL BALTIMORE MARYLAND 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD. BALTO, MD 21215

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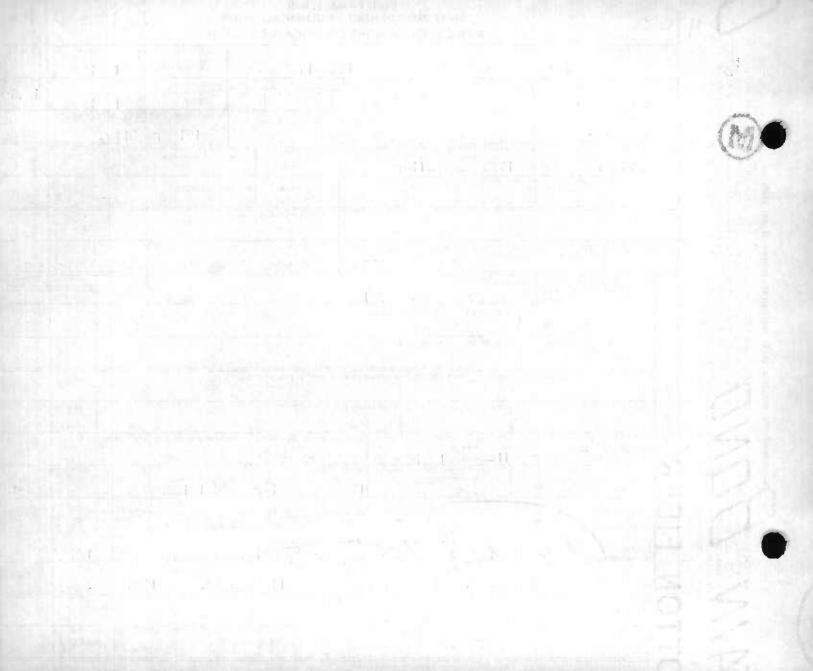
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME TO DATE KNOWN A MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-James Mitchell J. 15 1983 4. RACE . DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 2c. DATE MONTH YEAR LAST BIRTHDAY DAY PRONOUNCED 12:10 21 DEAD male Black 10 41 41 YRS 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Virginia U.S.A. WIDOWED ... DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Baltimore 1730 Montpelier USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 1730 Montpelier St. 21218 Maryland YES X NO [] 18. GIVE PAGES 1.2 WITH FORM PA IT, PAGES 1 AND DIVISION OF VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Callie Mitchell Greenwood Jessie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 146 SOCIAL SECURITY NO **ADDRESS** (YES, NO, OR UNKNOWN) 214-38-6379 Lorraine D. Mitchell 1730 Montpelie No ALONG WIT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH CATE, WITHOUTHE WORK.
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CONTRIBUTING CAUSE OF DEATH 1:50 P.M. MEDICAL 14 1983 Subject stabbed 21e. PLACE OF INJURY ZIF. LOCATION TO MEDICAL EXAMNER: THIS CRE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DER BALTIMORE, MARYLAND, 21201 FR STREET STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK AT WORK 1730 Monpelier Baltimore Md. home 220. I certify that I was harge of the remains described above, held on Inspection Inquiry and in my apinion Hamicide X deoth resulted from Undetermined manner TITLE (SPECIFY) Deputy Chiefiedical EXAMINER SIGNED 1/15/83 EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto., MD. TYPE OR PRINT 73r NAME OF CEMETERY OR CREMATORY 234 LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE STATE BURTAL 1/20/83 Arbutus Mem. Pk. Arbutus Md BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 166 REGISTRAR'S SIGNATURE DHMH - 17 Wm.C.March F/H Inc. 1101 E. North Ave-(VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

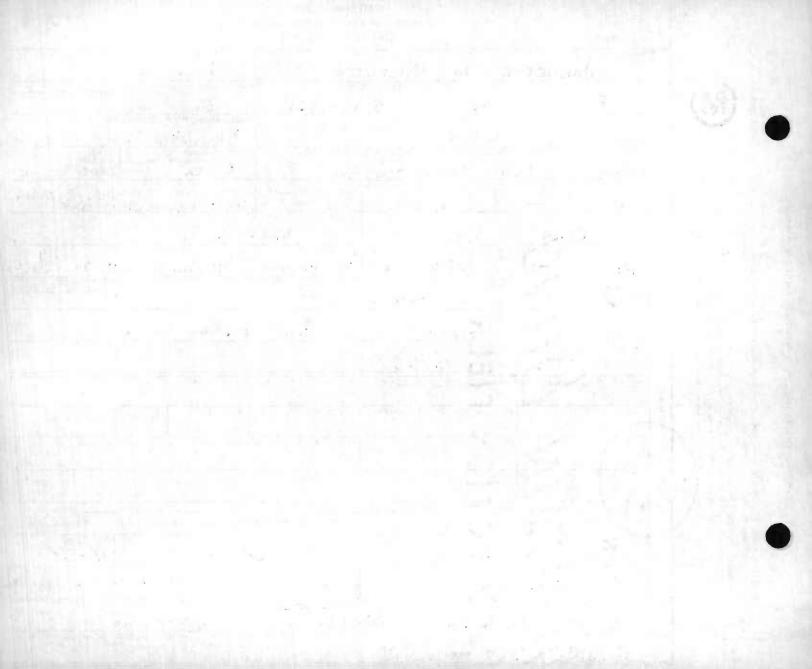


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		CEASED NAME FIRST	MIDDLE	LAST	,		MONTH DAY	YEAR 26. H	
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	2 6 6				chell	6. AGE (IN YEARS LAST BIR	THE AUT	INDERTYEAR IF UNI	DER 24 HRS
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35		COUNTRY)	il15 B	WIDOWED	NEVER MARRIED DIVORCED	BAGT	mur	& CITY	1
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		underlying cause last	(c)						
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	Z		severe mal	it: aten	0.00				
	ATI	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION V		200 AUTOPSY?	206. IF YES, W	ERE FINDINGS U	SED
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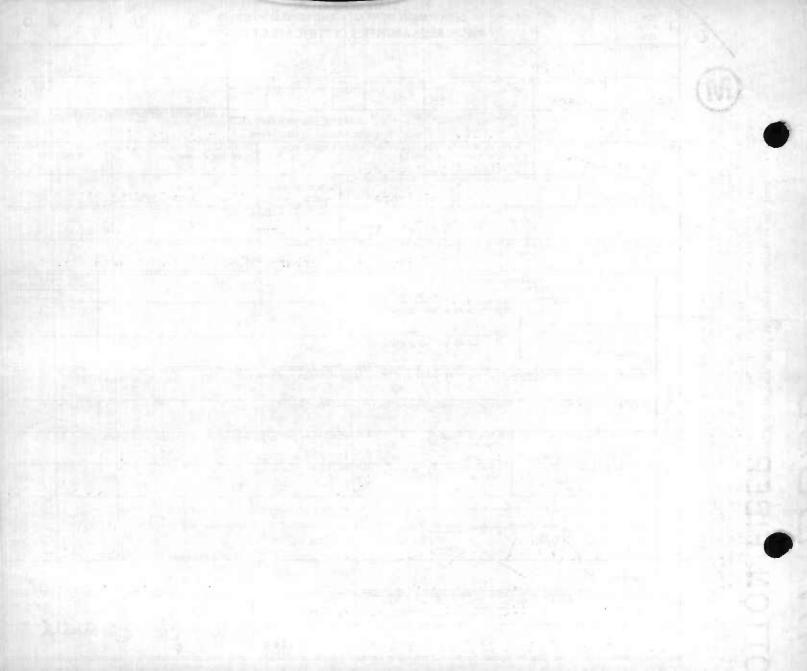
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STATE OF MARYLAND



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CE	KIIII	AIL OF DEATH	REG. N	0.		
		CEASED NAME FIRST	MIO	DOLE	LAS	T	20 DATE OF DEATH		DAY YEAR	26 HOUR
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1	3 SE		4 RACE		DATE OF		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
)		m	B		MONTH /2	03 05	77	YRS.	MONTHS DAYS	HOURS MIN.
-		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WE	HAT COUNTRY? 8	ARRIED	□ NEVER MARRIED □	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
)		arvland	U.S.		DOWED		Baltimor	e City	7,	MD
1		ITY OR TOWN OF DEATH	(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRE	(55)	OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR
		Baltimore		cours Hosp		1				
1	130. 5	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		BE. CITY OR TOWN	- 11	3d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1938 W. F		- C+ 2	1222
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			E WAR OR OATES)			Mary E. Sel			ki Stre	et
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			E CAUSE (0)	Cardo	Pu.	money	arrest			
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		gave rise to immediate cause (a), stating the	DUE TO OR	AS A CONSEQUENCE						
		underlying cause last	(c)_	Arra	6	Corenary		Y 11 10 1		
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7	CERTIFICATION						YES NO	IN CERTIFY	YING CAUSES	OF DEATH?
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7	CA	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.		19					
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		22a 1 certify that (1) (this haspit		acceosed from	12/	28 19 82		, 1	19 8 8	that (I) (we) lost
		sow the deceased alive on above, (1) (we) (did) (did not		ter death	ond	that in (my) (our) opinion o	deoth occurred on the de	ate and hour	and from the	causes stated
	- 1	72h SIGNATURE	_ view the body on	ier deam	DE	GREE			22c. DATE	
		Holenin m	Arb unda	go. nr		Un.	DIRECTOR PHYSIC	IAN 🗌	7/3	1/83
		22d. PHYSICIAN'S NAME (TYPE OF				22e ADDRESS	11	•		
		ROLENDOM	· 50-8.0	evango, a	~	men Rec	our Ho.	4214	7	
		BURAIL	23b. DATE			METERY OR CREMATORY	23d. LOCATION CITY OF TOWN	18 7	COUNTY	STATE MD.
		DOKATL	1/7/83	Md.	Nat	ional Mem Pk	Laurel			MD.

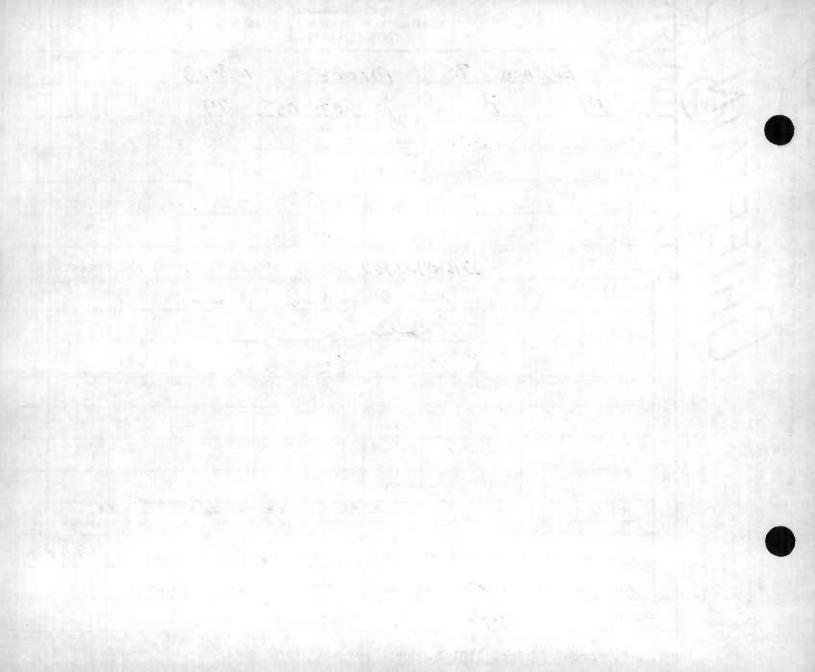
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24 FUNERAL DIRECTOR

Wm. C. March F/H Inc. 1101 E. north avenue

250. DATE REC'D. BY REGISTRARIES REGISTRAR'S SIGNATURE JAN



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5		FLORENC	CE	P.	M	OORE	January 1	M		
3	3 SEX	X	4 RACE		5 DATE C		& AGE JIN YEARS LAST BIRTH	IF UNDER 24 HRS		
		Fe.	Black	c		18/1913	69	YRS.	HS DAYS	HOURS MIN
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3		Maryland		S.A.	WIDOWE		City			MD.
2	10 CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL,	NURSING HOME C	ROTHER INSTITUTION	12e USUAL OCCUPATION		26. KIND OF NDUSTRY	BUSINESS OR
		Baltimore		Gwynr		Control of the last of the las	Retired No		Medi	-4
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0	7	Paris	MIDDLE		151	FIRST	MIDDLE		LAST	
4	6	WAS DECEASED EVER IN U.S. AR		nderso	L SECURITY NO	Isabel 17 INFORMANT	ADDRE	Ky]	er	
	- IA	YES, NO OR UNKNOWN) # YES, GIV	E WAR OR DATES)			I I HATORMAINT				
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4	RT						YES NO	YES [NO 🗌
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		226 SIGNATURE SULL	in	21		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE S	IGNED
1		224. PHYSICIAN'S NAME (TYPE C	R PRINT)			22e ADDRESS	1		1	D.A
		A. Shams	, m	D,		413 Com	MONWEAU	th h	118.	DAHO
	23e, B	BURIAL, CREMATION, REMOVAL	The second second	MEN	23c NAME OF C	EMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COU	NTY	STATE
		Burial	1/5/	83	Md. N	lational Mem	Laurel		Md/	
	24 FL	UNERAL DIRECTOR		100	ecc.		REC'D. BY REGISTRAR	REGISTRAR	'S SIGNATU	RE

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James A. Morton & Sons 1701 Laurens St.

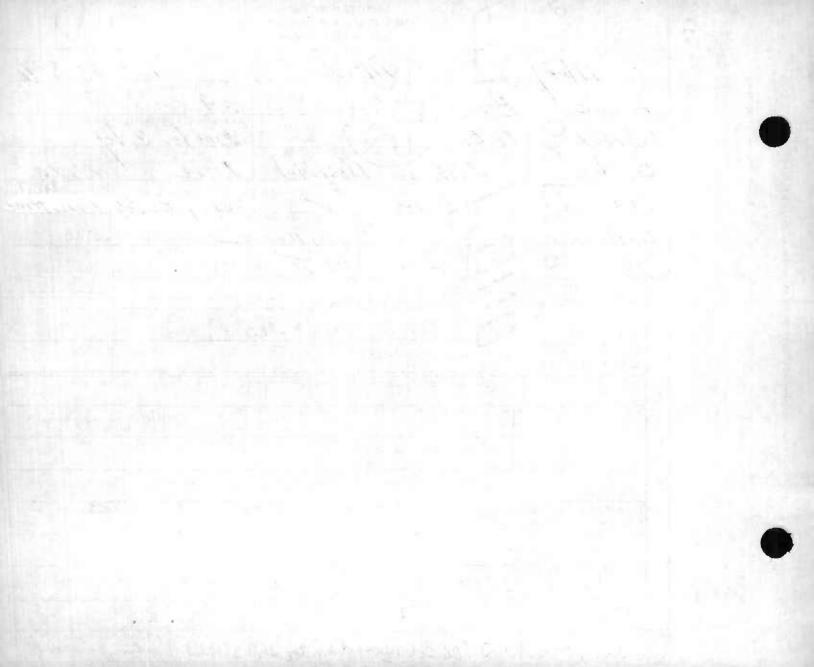
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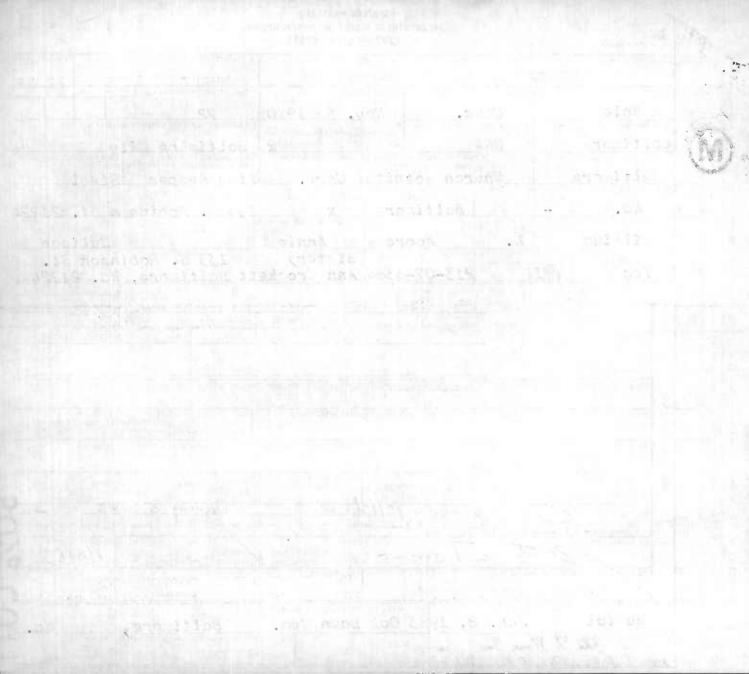
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death. Page 4 may b retained by the haspital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the formal permit. Then please remove corbinances: Band of chauld be filed with
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	FOR - STATE REGISTRAR	DEPARTMEN C	IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH		1 4 1
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2 in	BIRTHPLACE STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
H	ALT MORES	11. NAME OF HOSPITAL NURSING H	DIVORCED DIVORCED	120. USUAL OCCUPATION	-CIIY
2	SIT ON TOWN OF BEATT	ST HGNES HO		TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS INDUSTRY
	JAL RESIDENCE IN NURSING HOME STATE N31 COL		NISSION) 136. INSIDE CITY LIMITS?	12. SEPERT ADDRESS.	21229.
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14 F	ATHER'S NAME	MIDDLE A LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	LAST
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	WAS DECEASED EVER IN U.S. A IYES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECURITY	NO. 17. INFORMANT	ADDRESS ADDRESS	34 00
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	underlying couse lost.	DUE TO, OR AS A CONSEQUENCE	s drug a	buse	
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GIVE	EN IN PART 1(o)
ATION	PART 2. OTHER SIGNIFICANT				A. A. San
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O HOSPIT trained by TO FUNES thould be to the Steam of the Steam MPORTAN		22d. PHYSICIAN'S NAME (TYPE OR PRI	SHAH		LUTHERA	N HOSPITA	L, BAL	TIMERE MI
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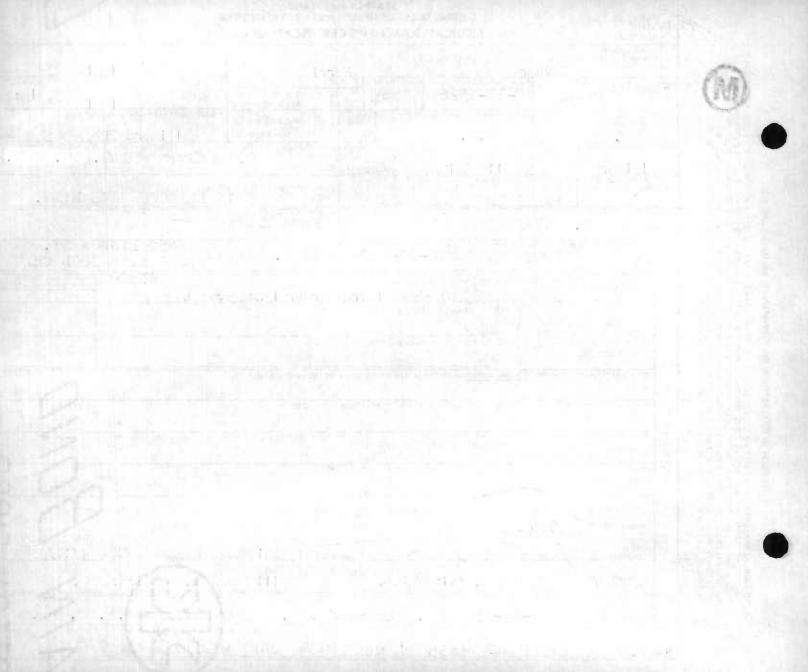




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The state of the s	1	Ga.	U.S.A.	WIDOWE		City	MD.
offer of with	10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		R OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
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equires that the death cer is signed by the attending Then please remove carbo to burial, cremation, ar re njury, ar ather traumatic e	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CON-	sequence of	NOT RELATED TO THE TERM	inal disease or condition g	IVEN IN PART I I a
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\$ \$ £ £ \$ \$ \$ \$ \$	MEDICAL	I IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY O	FFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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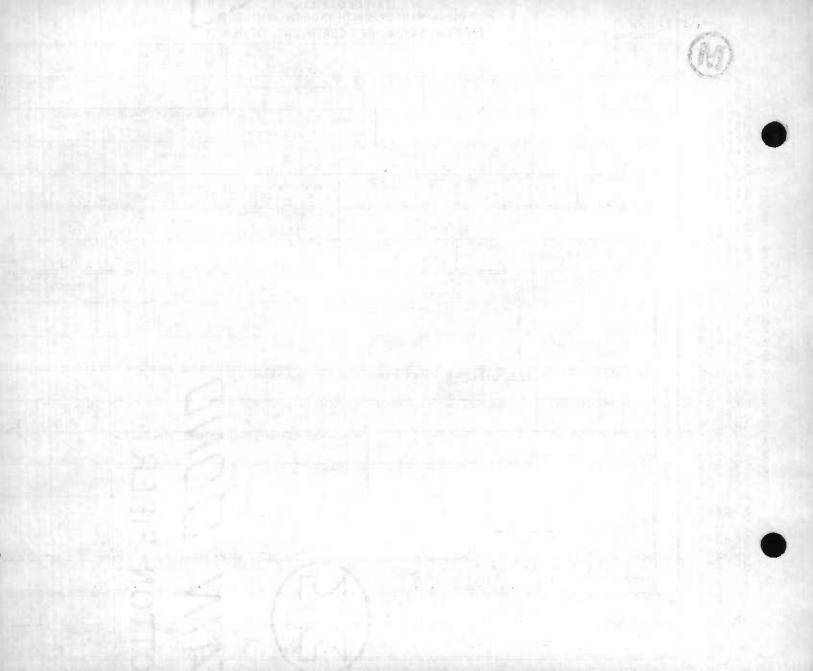
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CAL EXAMINER: THE CERTIFICATE HOULD BE FOR: RAL DIRECTOR: ATH, WITH THE S RE, MARYLAND,	22a Certify that I look charge at the remains described above, held an death resulted from Advance Acquient Suicing Hamicide Undetermined manner Actual Signature DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE	7/83
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BP	BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CROWNSVILLE A.A.CO. BURIAL 1-21-83 MD. VETERANS CEM. CROWNSVILLE A.A.CO. FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE	MD.
DHMH - 17	NAME VITER FUNERAL HUME 3035 W. NORTH AVE JAN 191983 John & Com	rich

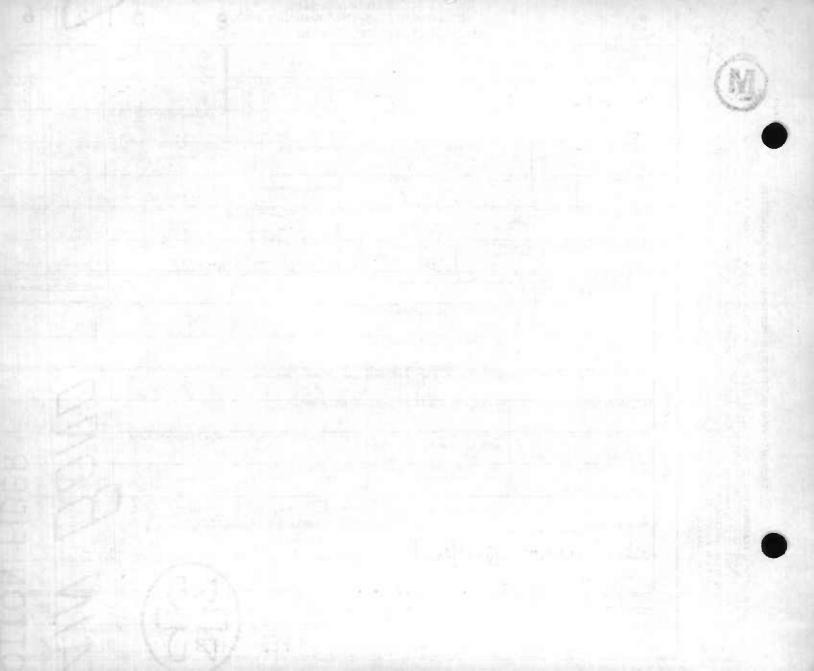


20M 4/82

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	00.	(TYPE OR PRIN	T) Mai	rgarita A	. Kor			ADDRESS		enn S				
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- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 2a DATE OF DEATH MONTH MULLANNEY YEAR 26. HOUR JANUARY 3, 1983 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City. 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Office Charles St. 21218 Records 99988 Carillon Dr. 216-07-0618 John E. Dohler Ellicott City, 21043 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH vears years 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN STATE to January and that in (n) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN c/o Maryland General Hospital New Cathedral Baltimore City. Cem. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Mac Nabb Funeral Home, Catonsville, MD

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FOR - STATE

DHMH - 16 50M 1/B1

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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24 FUNERAL DIRECTOR Raymond C. Fink Glen Burnie, Md,

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

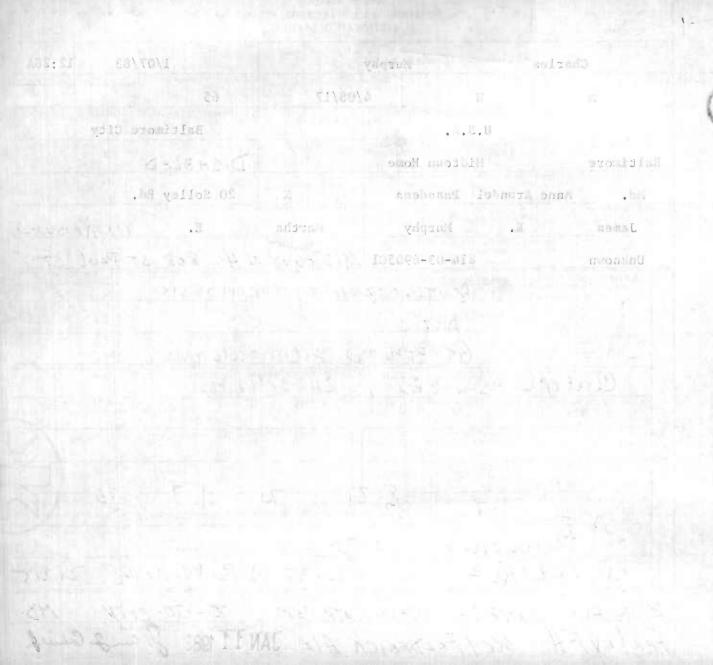
CERTIFICATE OF DEATH

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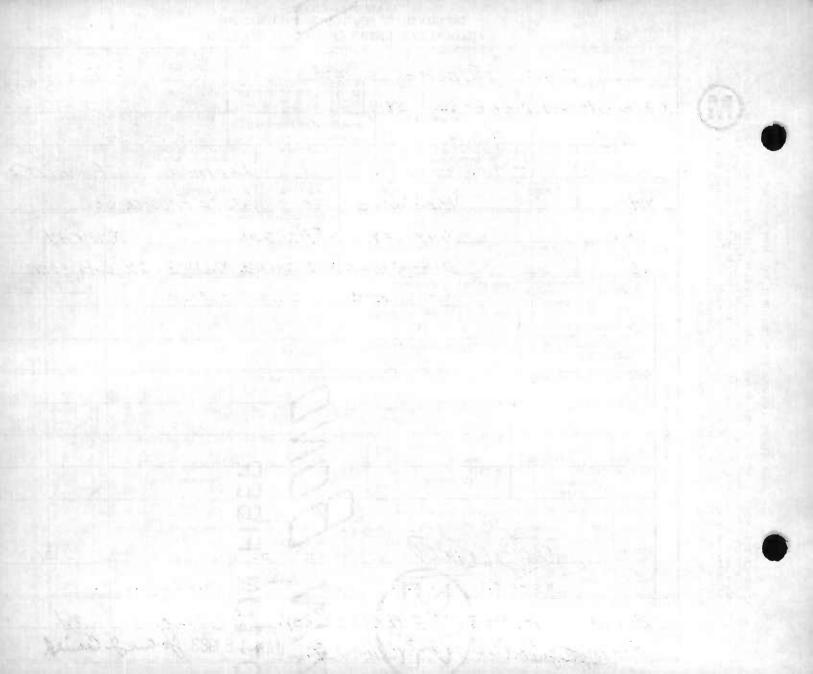
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IF UNDER 24 HRS

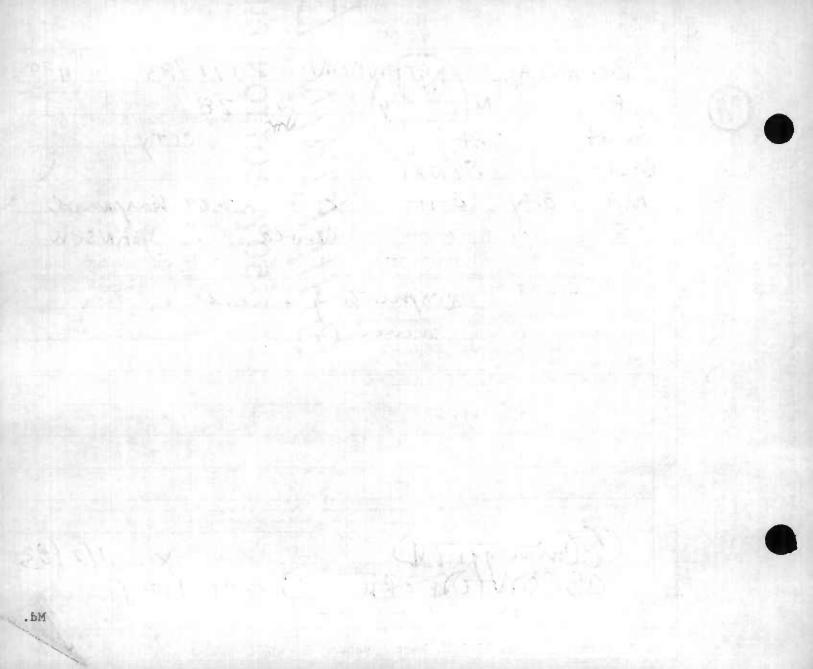


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 20. DATE KNOWN X DECEASED NAME 2h HOUR (TYPE OR PRINT) ESTI-DEATH MATED 13 19 83 Thomas Murray 4 RACE 3 SEX DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE HOUSE LAST BIRTHDAY PRONOUNCED DEAD 6-13 19 83 A M BIRTHPLACE (STATE OR FOREIGN COUNTRY) 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED Baltimore City & CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! Baltimore 2707 E. Preston St. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21213 13a STATE 13h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME MIDDLE LAST FIDS! 11.30 17:7 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS T. PAGES I 166. SOCIAL SECURITY NO LYES NO OR LINKNOWNS I (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). A BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH MENT OF HEALTH AND MENTAL HYGIENE, TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 TIE PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC 1 21201 STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I MARYLAND, 22a I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion Homicide death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL DATE 1/13/83 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. Hormez R. Guard, M.D. (TYPE OR PRINT) ADDRESS 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CEMETERY OR CREMATORY BP. 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/82

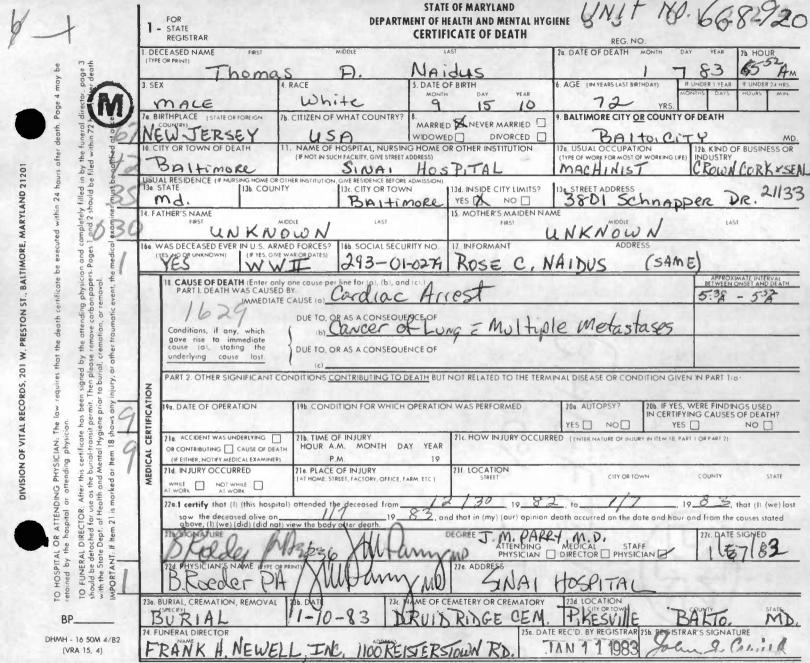


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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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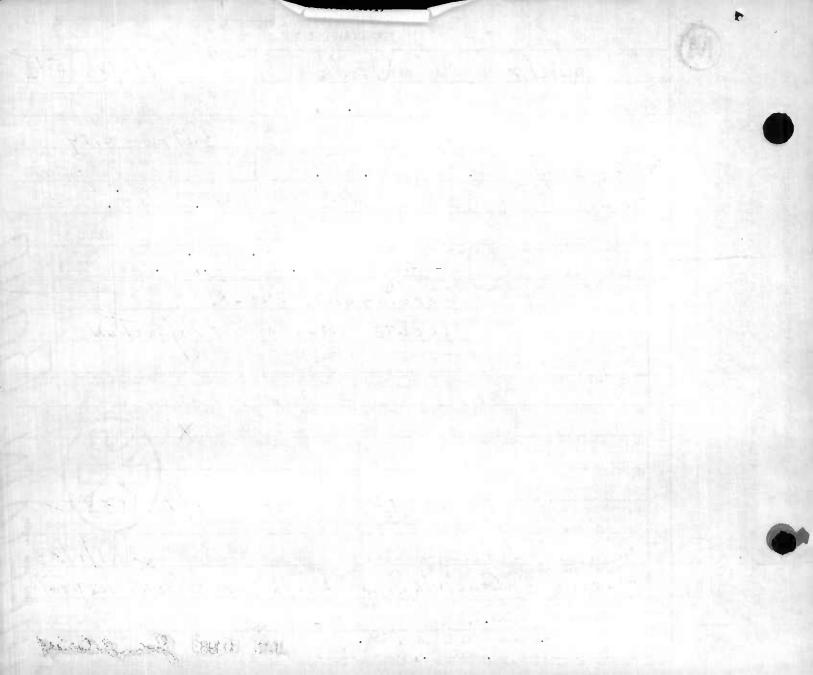
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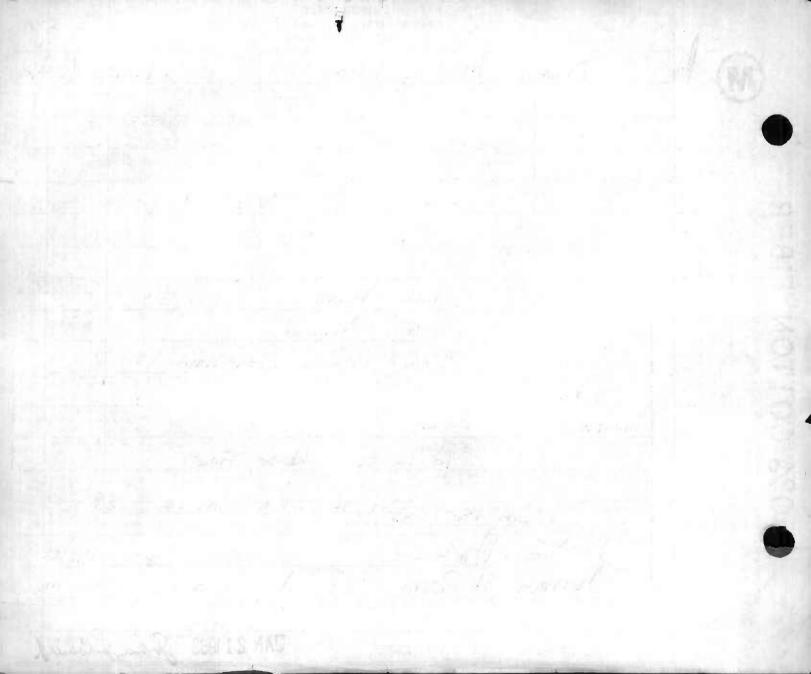
- STATE

PROPERTY OF THE PERSON OF THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21215





STATE OF MARYLAND	
PER DEPARTMENT OF HEALTH AND MENT	
REGISTRAR MEDICAL EXAMINER'S CERTIFICAT	E OF DEATH REG. NO.
1. DECEASED NAME FIRST MIDDLE LAST	20. DATE KNOWN MONTH DAY YEAR 26 HOU
Helen Elizabeth H. Nichotas Nic	hels DEATH MATED 1983
3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF U	NDER 24 HRS. 2c. DATE MONTH DAY YEAR 2d HOU
MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOL	PRONOUNCED 1 1982 3.0
FOREIGN COUNTRY) TT C A WIDOWED DI	NARRIED DA Baltimore City, M
Md USA WIDOWED LJ DT	TIZE, USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FOR MOST OF WORKING LIFE) OR INDUSTRY
Baltimore 412 Old Orchard Road	Cor. EngCor. U. S. Army
130. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (1TY LIN	
	□ 412 Old Orchard Rd.
T4 FATHER'S NAME FIRST MIDDLE LAST FIRST	MAIDEN NAME MIDDLE LAST
G.Leroy Nichols Ger	trude Thompson
160. WAS DECEASED EVER IN U.S. ARMED FORCES?	e Bldg.20 S.Omerses St. Balto.,
220-14-2037 Tr.Z.Tov	nsend Parks, Jr Md. 21201
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiova	
CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MAMEDIATE CAUSE (a) Arteriosclerotic Cardiova Conditions, if any, which gave rise to immediate cause (a) stating the under- lying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Column Constitution	
Conditions, if any, which	
gave rise to immediate (b)	
lying cause last,	
(c)	IN BART Y
	IN FART I (U.
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 216. HOW INJURY OCCUPANTS.	20 AUTOPSY?
<u> </u>	
210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 1216 HOW INJURY OCC	YES NO X
	ONNED (ESTER ISSUED OF ISSUED
UNDERCTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 7 Id INJURY OCCURED 7 Id PLACE OF INJURY (ATHOME, STREET STREET) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET	
WHILE NOT WHILE DAT WORK TO STREET, FACTORY, FARM, ETC.) STREET STREET STREET STREET STREET STREET STREET STREET STREET	CITY OR TOWN COUNTY STATE
AT WORK AT WORK	
27a I certify that I took charge of the remains described above, held an Autopsy . Ins	ection XX, Inquiry , and in my apinion
death resulted from Natural causes Acident (Suicide , Hamicide	Undetermined manner .
and Sun Wille (SPEC)	Υ)
SIGNATURE WELLING & MUST N NWMD ASSIS	ant MEDICAL EXAMINER SIGNED 1-1-83
EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS_	III Penn Street
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION
(SPECIFY)	Balto. Md.
ALCOHOLOGICA CONTRACTOR OF THE PROPERTY OF THE	ATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
G. Truman Schwab 5151 Balto. Nat'l. Pike	IN 71983 John & Court

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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH MONTH 2b. HOUR January 8, 1983 8:50P 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Retired 4648 Colherne Rd. Mattesius 22 S. Athol ADDRESS Balto, Md. 21229 General German Aged Peoples Home APPROXIMATE INTERVAL 206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

COUNTY

STATE

NO [

22c. DATE SIGNED 1 - 10 - 83

Catonsville Baltimore

1-10-83 Westview Memorial Pk Loring Byers Funeral Directors, Inc. 186

DHMH - 16 50M 4/B2 (VRA 15, 4)

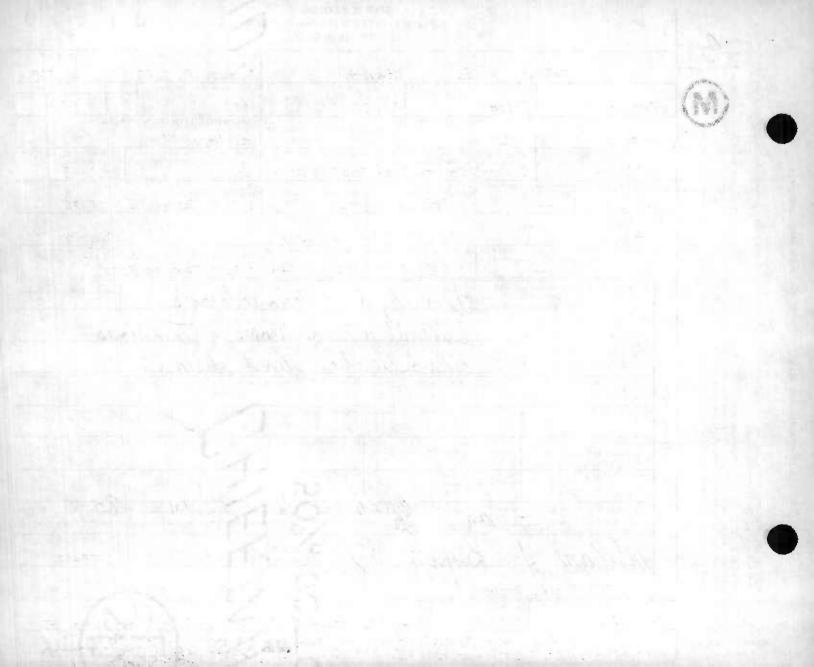
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FOR

REGISTRAR

- STATE

8728 Liberty Rd. Randallstown, Md. 21133



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1	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	01232
	1. DECEASED NAME FIRS		LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	Wal.	ter B.	Norris		01 02 83 7:55 AM
	Male Male	1 RACE Causa-Sion	5. DATE OF BIRTH MONTH DAY YEAR 10 10 17	6 AGE (IN YEARS LAST BIR	THOAT) IF UNDER I YEAR IF UNDER 24 HIS MONTHS DATS HOURS MIN.
1	INTERPLACE (STATE OR FOREIG	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY C	RCOUNTY OF DEATH
3	Baltimore	Journ Bal.	jan. 170.90.	(TYPE OF WORK FOR MOST C	ON 12b KIND OF EUSINESS OR INDUSTRY INDUSTRY
5		OME OR OTHER INSTITUTION GIVE RESIDENCE BERC COUNTY 13c. CITY OR TO		130 STREET ADDRESS	on S+ Balto. Md. 21230
2	Benjanin	MIDDLE LAST	15 MOTHER'S MAIDEN N Lorina	MIDDLE	- Hawkus
1	(160. WAS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOGIAL SEC	3199 Mrs. Donothy	M. Norris, Sa	
	PART I. DEATH WAS C.	ter anly one couse per line lar (0), (b), a AUSED BY: EDIATE CAUSE (a) Cardiae	1000000.1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	te	Block		
	cause (a), stating the	(c) Possible	e Acute MI		
	PART 2 OTHER SIGNIFICA	ant conditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
1	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
2	210. ACCIDENT WAS UNDERLYIN	G 216. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STAIL . NOT WHILE 27a I certify that (1) (this haspital) attended the deceased from

DEGREE

22d. PHYSICIAN'S NAME (TOPE OF PRINT)

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

MEDICAL

MD.

22e ADDRES

Dwar E. Mendez 23b. DATE

23c NAME OF CEMETERY OR CREMATORY

ATTENDING PHYSICIAN

O FUNERAL DIRECTOR

PORTANT #

estern emetery 29230 Burias 24 FUNERAL DIRECTOR Mc ully Funeral Home, 130 E. Fort Ave. Balto. Md.

25a. DATE REC'D.

our opinian death accurred an the date and hour and from the couses stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

DHMH - 16 50M 1/81 (VRA 15, 4)

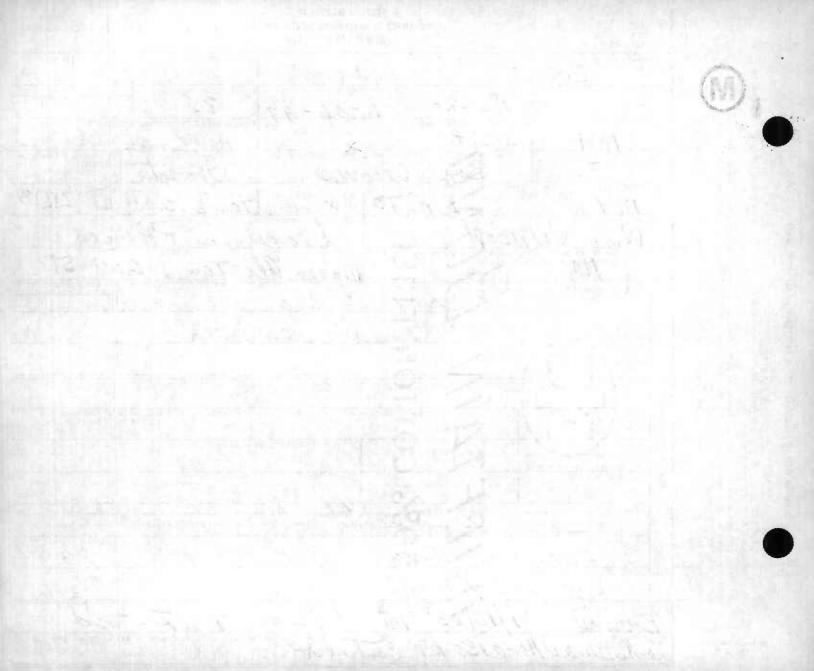
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11		FOR	DEDADT		OF MARYLAND EALTH AND MENTAL HYG	Iror Q C	0	1 0	2 2
4	1 -	STATE REGISTRAR	DET ARTI	CERTIF	ICATE OF DEATH	REG. N	10.	1 Ca	0, 0
		CEASED NAME FIRST EDIT	WIDDLE	1/0	I GENT	20. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
)	3. SE		4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) IF UN		F UNDER 24 HRS
-	2 01	, P .	NEGRO	6	-26-97	8.7	YRS.	1	
30		IRTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTRY?	MARRIE		9. BALTIMORE CITY O	Em #10	city	MD
Motified A	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUC) FACILITY, GIVE STREET	IG HOME C		120 USUAL OCCUPAT (TYPE OF WORK) OF MOST		2b. KIND OF E	BUSINESS OR
mostpe	13a. S	md 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR ITY OR JOY		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	200	at a	21218
DC.	1	ATHER'S NAME WAY DA	NSON LAST		15. MOTHER'S MAIDEN NAM	Anne	Rober	200	
e medico		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOVAV (IF YES, GIVE		JRITY NO.	Destro al	1: 70G	8.20	In s	ot
or other traumotic event, 1		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), on D BY: E CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF,	le dem	entia	etasta	BETWEEN ON:	NE INTERVAL SET AND DEATH
ijury, o	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN II	N PART 1(a)	
ows ony ir	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	G CAUSES O	S USED F DEATH?
tem 18 sh		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJE	JRY IN ITEM 18, PART 1	OR PART 2)	
orked or	MEDICAL	21d. INJURY OCCURRED WHILE ON OT WHILE OF WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
n 21 is me		220-1 certify that (1) (this hospit- saw the deceased alive an above, (1) (wolddid) (did not	ol) ottended the deceased from	P3.01	nd that in (my) (our) opinion of	deoth occurred on the c	late and hour and		ot (I) (wa) lost uses stated
VT: If Item 21		27b. SIGNATURE	, - lyle He	wy		MEDICAL STA	IFF CIAN []	THE DATE SH	9/83
MPORTANT:		22d PHYSICIAN'S NAME (TYPEOR	G-YEN H	MANG	Bon Bon	Sew	un	740	als.
_	23a. E	BURIAL, CREMATION REMOVAL	23b. DA/E 2 23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	4 6	NATE /	STATE

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

BY REGISTRAR 255 REGISTRAR'S SIGNATURE • 4 1083 250. DATE REC'D.



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2	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE 8 3) 1 2 3
		CEASED NAME FIRST AM/	Agatha 14. RACE	S. DATE OF BIRTH MONTH DAY YEAR	REG. NO. 20. DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHOAY)	OAY YEAR 26 HO 10 83 8 IF UNDER I YEAR IF UNIC MONTHS DAYS HOUR
led within 72 hours	10. C	RTHPLACE (STATE OF FOREIGN COUNTRY) GERMANY ITY OR TOWN OF DEATH A HT MORE	(IF NOT IN SUCH FACILITY, GIVE STREET	MARRIED WIDOWED DIVORCED DIVORCED ADDRESS)	9 BALTIMORE CITY OR COUNT Baltimore (i) 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12b. KIND OF BUSI
nd 2 shauld be find	1	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	EADMISSION) VN 13d INSIDE CITY LIMITS? MCRC YES NO 1 15. MOTHER'S MAIDEN NA	13e. STREET ADDRESS Dil	21234 2 LAST
nysician and cam capers. Pages 1 a avol. nt, the medical		VAS DECEASED EVER IN U.S. A YES, NO GRUNKNOWN) (1F YES, G	IRMED FORCES? INVE WAR OR DATES) INDICATE THE PROPERTY OF TH	2475 Anna O. Heft	lernan 6833 Bosta	APPROXIMATE IN
The signed by the attending The buriel, cremation, or exban to buriel, cremation, or extending injury, or other troumatic ex	NOI	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c)	ENCE OF DEATH BUT NOT RELATED TO THE TERM		VEN IN PART 110
The burial-transit permit and Mental Hygiene prior of or Item 18 shows any	MEDICAL CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D.	19 21f. LOCATION	IN CERT	ES, WERE FINDINGS US IFYING CAUSES OF DE 'ES NO PART OR PART 2) COUNTY
MPORTANT: If them 21 is marker	4	saw the deceased alive a obave, (I)(we)(did n 22b. SIGNATURE	pital attended the deceased from_	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death accurred on the date and ha	, 19 £ 5 , that (I) our and from the causes 22c. DATE SIGNE
950W1/81 15, 4)	24 Ft	URIAL, CREMATION, REMOVA SPECIFY Burial UNERAL DIRECTOR SAME	1 23b. DATE 23c. 1 1-16-83 23c. 1 23c	NAME OF CEMETERY OR CREMATORY HOLY Rosary	23d LOCATION CUT OF TOWN Dundalk B. TE REC'D. BY REGISTRAR 25H REGIS N. 1 2 1983	COUNTY LEO CALABORE TRANSSIMATORE

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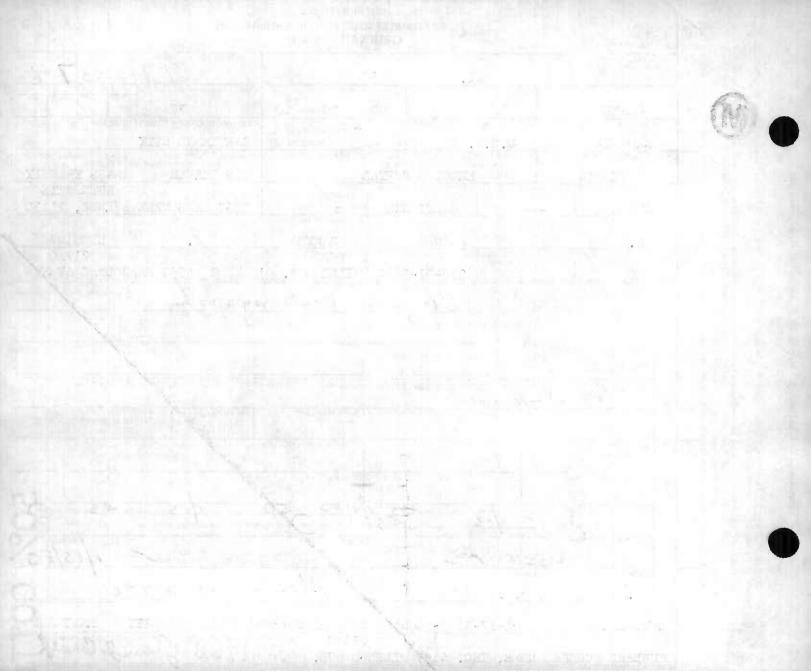
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(VRA 15, 4)



7	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE 8 3 0	123/
	1. DECEASED NAME FIRST (TYPE OR PRINT) MARCH	MIDDLE R	O'CONNOR	20. DATE OF DEATH MONTH DA	TO STATE OF THE ST
	3. SEX FEmale	CAUCWhite	5. DATE OF BIRTH MONTH DAY Aug 20. 1904		UNDER I YEAR IF UNDER 24 MRS.
2	Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Cit	
8	Baltimore	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE' University Hosp		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired	12b. KIND OF BUSINESS OR INDUSTRY Secretary
L	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE Maryland Howar	ITY I3c. CITY OR TOV		13e. STREET ADDRESS 8005 Nottingham	2 10/1)
1		MIDDLE LAST Beyer	15. MOTHER'S MAIDEN N		LAST
2	160, WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL SECTOR 219 22	6250	ADDRESS 8005 Nottingham	WAY 21043
	PART I. DEATH WAS CAUSEI	ly one couse per line for (a), (b), and BY: E CAUSE (a) CARDIOP		est	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	ING PIPFUSE IN	TERSTITIAL WING	PISEASE ZUIL
	cause (0), stating the underlying cause lost.	DUE TO OR AS A CONSEOU	DRUG PXN, CA	INFECTION	
,	PART 2 OTHER SIGNIFICANT OF COMPROMISED	CARDIOVAS S	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN (2 HX CHF A 21)	THY MITS ACUTED WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NOT YES [NO

216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M 19 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

CITY OR TOWN

sow the deceased alive on Obove, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

(SPECIFY) Jan 10, 1983 Cremation Westview Memaorila

Catonsville Maryland

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

MEDICAL

NOT WHILE

22a.1 certify that (1) (this hospital) offended/the/deceased from

Harry H Witzke 4112 ColumbiaRoad Ellicott City

COUNTY

COUNTY

STATE



Piggern water oug 20. 1974

Maryiana Gawerd Biltenee City

Lee Menance City

Lee Menance Beyer Lee Services

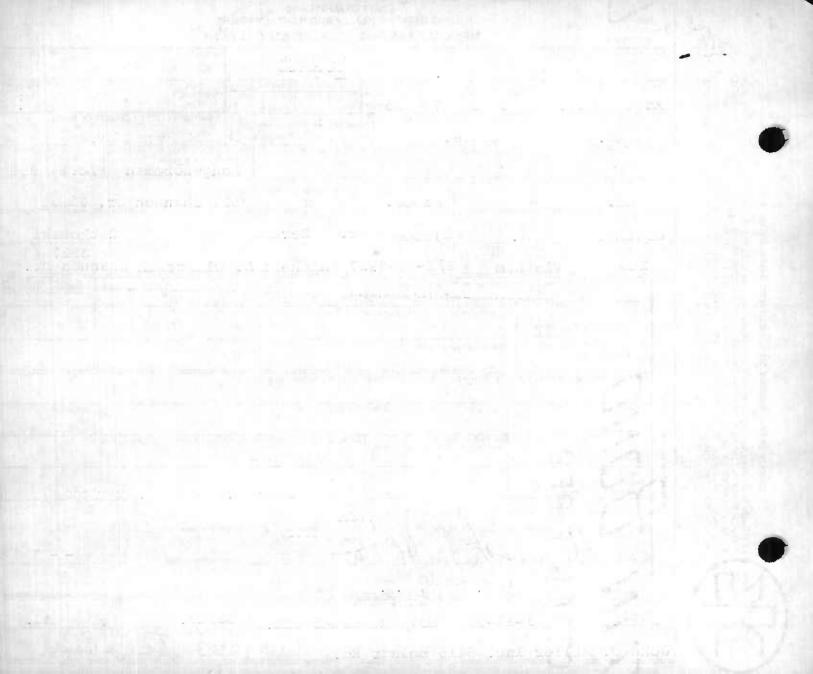
Lee Menance Beyer Lee Lee Services

219 22 6250 William Ross 8505 Nottingorm LAy 21043

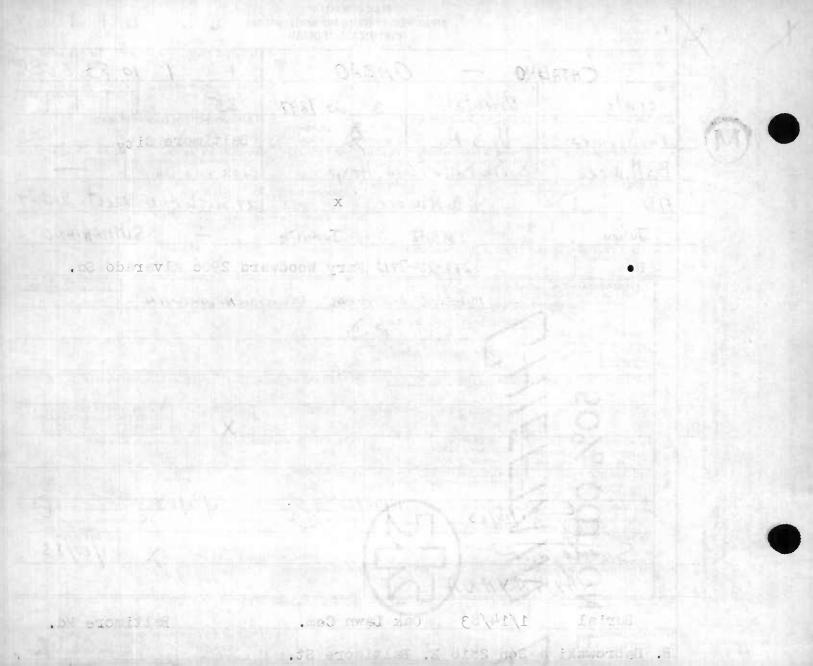
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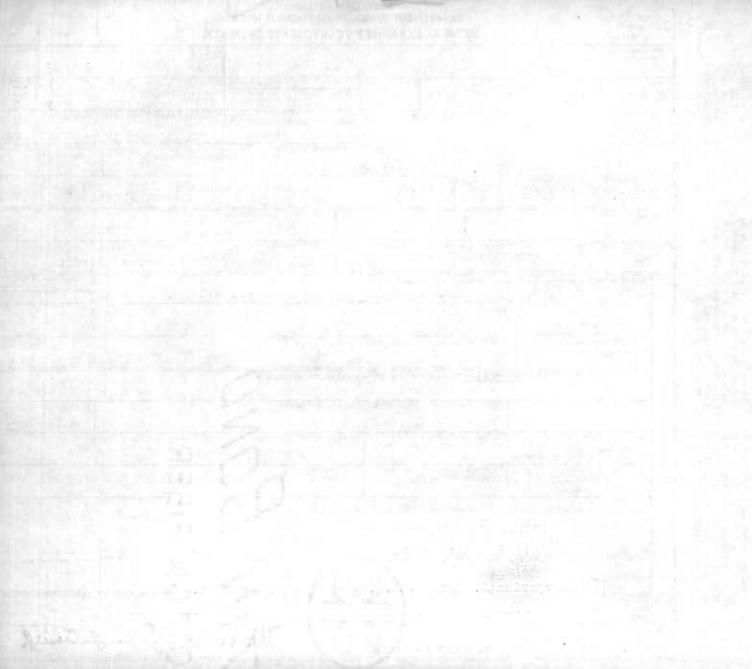
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H 4.48 E		SED NAME	Edward			MIDDLE			lesz(OF	KNOWN ESTI- MATED		нтио	DAY 7	YEAR 1983	2b. HOUR
Y, PLEAS SIRECTOI JUR FILES 72 HOUR N STREE	3. SEX	4 RA		5. DATE OF	F BIRTH DAY 2	YEAR 47	6 AGE (IN) LAST BIRTH	EARS IF UN	DER 1 YR.	IF UNDER	24 HRS.	2c. DATE	NCED	мС	ЭМТН	DAY	YEAR 1983	2d. HOUR 1 Q 42
AY IS NECESSARY, PLEASE THE FUNERAL DIRECTOR. THESE FOR YOUR PILES. TOUR PRESION STREET.	7s. BIRTH	PLACE (STATE OR N COUNTRY)		7b. CITIZEN	S.A	TCOUN		To.		VER MARR	-	9 BALTIM	timo	_				1a. M
ELAY IS NE TO THE FUN PAGE 5 IN SE FILED.	Ba	ortown of de		11. NAME (IF NOT II	OF HOSPI N SUCH FACIL 27 St	TAL, NUE	RSING HOA	E, OR OTH			12a. USU FOR	JAL OCCU	PATION (TYPE OF V	WORK 12	OR 1	D OF BUINDUSTR	Y
21201 AND 3 AND 3	IJo STAT	Md.	13b. COUNT			13c. CITY	OR TOWN	ION)	13d. INSIDE C	NO 🗆	352	7 Sh	anno	on :	Dr.	2]	1213	
ORE, MD DEAT GEST W PW 3	Cas	ER'S NAME FIRST Simir		MIDDLE A.		lesz	zczuk		l l	er's MAIDE ertha		٨	ADDRI	F. C.	Ru	tko	wsk	i
BALTIMOR IRS AFTER DR B. GIVE PAGE WITH FORM DIVISION OF	YES. N	DECEASED EVER O, OR UNKNOWN) CS CAUSE OF DEA	Vie	tnam)	212-	148-4			hele	Α.	Oles			Shai	nno	27 on D	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 WER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS ATTER DEATH TO A TO THE WORD "PENDING" IN PENCIL IN ITEM IB. GIVE PAGES 1 2 AND 16 FORWARDED TO THE CHEF MEDICAL EXAMINER A GLOCK WITH FORM PAGES 1 AND 2 SHOULD BE 102ED AS A BURIAL. TRANSIT FEMALT PAGES 1 AND 2 SHOULD HE STATE DEPARTMENT OF HEALTH AND MÉNTAL HYGIENE DIVISION OF VILABRED AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, if gave rise to cause (a) statin lying cause lost	any, which immediate g the under-	E CAUSE (o DUE (b DUE	TO, OR A	S A CON	SEQUENCE	OF OF				Handg	un)					
DF VITAL RECOINTS SHOULD BE I SWORD "PENDIN BE CHIEF ARD) HE CHIEF ARD ARENT OF HEALTHOOP BURIAL, CREA	SERTIFIC.	DATE OF OPER		21b.	TIME OF I	NJURY	DAY YEA	121c H		RMED?	ED (ENTER)	NATURE OF IN	ejury in iten	A 18 PART	1 OR PART	YE	JTOPSY?	NO 🗆
2448E	WEDICAL W	I INJURY OCCUP HILE NO	CAUSE OF D	EATH 21e	PLACE OF	INJURY	7 198	3 su	CATION	was annon		CITY OR TO	imor	e, M	coun		d	STATE
TO MEDICAL EXAMPLER: TI EXECUTE THE CERTIFICATE, PACE 4 SHOULD BE FORW TO FUNETAL DIRECTOR: P AFTER DEATH WITH THE ST. BAKTUMORE MARYLAND, 2	AC	220 I certify that leath resulted from TUAL GNATURE	_	af the rem	ains descri	bed gbo		Autap uicide	TITLE (S	Inspection of the second section of the second seco	Undet	Inquiry ermined m	anner],	my apin DATE SIGNED	1.	-7- 8	3
TO MED EXECUTE PAGE 4 TO FUN AFTER DI BALTIME	23a BURL	AMINER'S NAME (PE OR PRINT)	νe		F. Sn		M.D.	METERY O	ADDRESS_	III ORY		n Str	eet		4000			
BP DHMH - 17 (VR A15 ME (5)) 20M 4/82	Bu 24. FUNE	rial RALDIRECTOR ME n C. M:		1-11-	ADDRESS		oly R Belai			250. DATE	REC'D. BY	alto		EGISTR/	AR'S SIC		Mo	d.



1				STATE OF MARTLAND		N C
X	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	0 1 2 3 9
		ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
page 3		CATALI	NO -	OMBAO.	# /	10 83 6:02 m
of rotter of	3. 5		Driental 8	5. DATE OF BIRTH MONTH DAY JEF 1897	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
2300	7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
MIL	11	hylippines	V-S-H.	WIDOWED DIVORCED	Baltimore Ci	tur. MD.
Y	10.0	IMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKING L COOK ON A Ship	1726. KIND OF BUSINESS OR
1 1	USI	JAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		
B B	ΔL	D 136. COUN	70 1+1	OYP YES NO		Street. 2/224
12	14.1	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		21 Maga LASTan at 20
8 58/	ч	Julien	OMBAZ			SIMMANIAND
nedico	16a.	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE	F WAR OR DATEST		ard 2906 Alvar	rado Sa
1 1	-		12.1.1		ara 2700 mraz	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 6 6	15	PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), ar D BY:	2. 25 22 22		BETWEEN ONSET AND DEATH
100			E CAUSE (a) MASSIVE	BILATERAL BRONG	HOPMEUMONIA	
move carbo nation, ar traumatic		19960	DUE TO, OR AS A CONSEQU	ENCE OF		
tion	20	Candifians, if any, which	((b) C . C	7. P. O		
0 5 5		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOU	ENCE OF		
ol, cr		underlying cause last.	(c)			
Then pled to burial injury, ar	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART Tra
prior to	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
3 0 0	F				IN CERTI	FYING CAUSES OF DEATH?
burial-transit p Mental Hygier or Item 18 shav	4	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
Taller 18	1	OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
Mento or Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
	A.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
alth and marked			tal) attended, the deceased fram_	11/16/52 10	10 1/10/83	, 19, that (1) (we) last
H is		saw the deceased alive an abave, (1) (we) did) (did not		, and that in (my (aur) opinian	death accurred an the date and ha	
of of the		abave, (1) (we) did (did not	t) view the bady after death.	DEGREE		22c. DATE SIGNED
detached ote Dept.		Sintano	1100	ATTENDING	MEDICAL STAFF	1/10/83
000 -1	-	77d PHYSICIAN'S NAME ITHE OF	R PRINT)	PHYSICIAN [DIRECTOR PHYSICIAN	17.70
B + 8		SANT	TAYANA			
or www.	23a	BURIAL, CREMATION, REMOVAL	236. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
		Burial	1/14/83 0	ak Lawn Cem.		timore Md
16 50M 4/B2	24	FUNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256-REGIS	
15, 4)	B	· Dabrowski &	Son 2818 E.	Baltimore St.	1 1 2 1983 John	moto could
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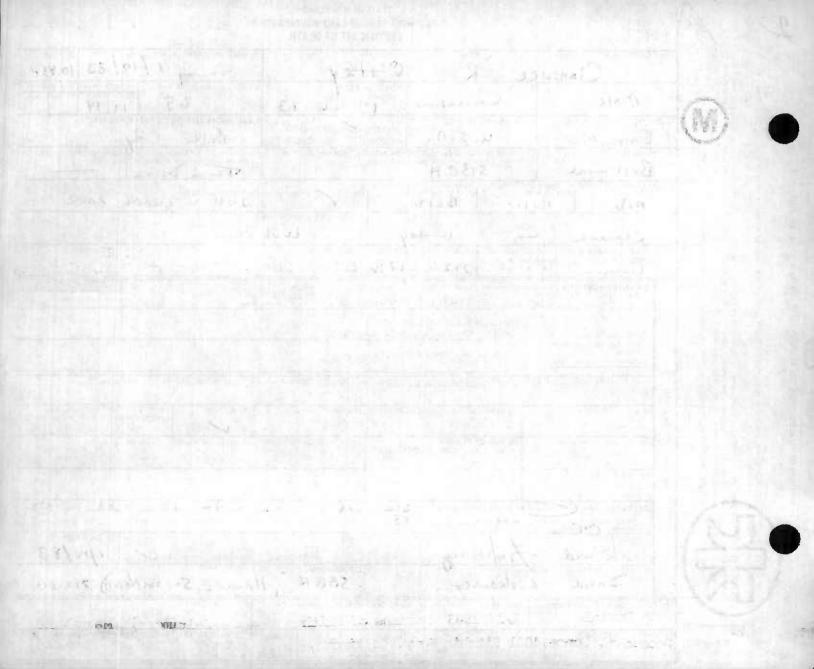




FOR		STATE OF MARYLAND OF HEALTH AND MENTAL I	HYGIENE 3	11241
- STATE REGISTRAR	MEDICAL EXAM	AINER'S CERTIFICATE	OF DEATH REG. NO).
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN D	MONTH DAY YEAR 26. HOUR
Clar	ra F.	Osbourn	DEATH MATED	1 4 19 83 N
1.5EX 4 RACE		(IN YEARS IF UNDER 1 YR. IF UNDER IRTHDAY) MONTHS DAYS HOURS	R 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
FEMALE WHITE	026.221889 93	YRS.	DEAD	1 6 19 83 P·M
FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR	RIED 9 BALTIMORE CITY O	
MARYLAND	U.S.A.	WIDOWED DIVORG		
Baltimore	11. NAME OF HOSPITAL, NURSING HOSPITAL OF STREET AND QUANTEL	OME, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
SUAL RESIDENCE (IF IN NURSING HOME IN 136, STATE IN 136, COUNTY)			130. STREET ADDRESS	21205 TRIL WAY
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAID	EN NAME MIDDLE	LAST
THOMAS	C. OSBOI	IRA LAUR	A M.	LEVI
(YES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	
No	131310	4819 FAMIL	4 RECORDS	
18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly ane cause per line far (a), (b), and (c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	TE CAUSE (a) AFTERIOSCIE	erotic Cardiovasc	ular Disease	
7 - 7 -	DUE TO, OR AS A CONSEQUE	NCE OF		
Canditians, if any, which gave rise to immediate	(b)			
lying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
	(c)			
	CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIVEN IN PA	ART 1 (a).	
190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
HE				YES NO XX
196. DATE OF OPERATION 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216. INJURY OCCURRED WHILE NOT WHILE	216. TIME OF INJURY		ED TENTER NATURE OF INJURY IN ITEM TB P	
UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.			
214. INJURY OCCURRED	21e PLACE OF INJURY (AT HO	ME, 21f LOCATION		
WHILE NOT WHILE [STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	ge of the remains described above, held	an Autapsy . Inspection	an XX, Inquiry . and	d in my apinian
22a I certify that I took char-		un Autopay, Inspection	migory L one	a in my apinion
	(V)		Undetermined manner	
	rol comes (2) Accident (),	Suicide . Hamicide .	Undetermined manner,	
death resulted from Natural	(V)	Suicide Hamicide TITLE (SPECIFY)		DATE 1-7-83
ACTUAL SIGNATURE	is Thigh	Suicide , Hamicide , TITLE (SPECIFY) Assistan	+MEDICAL EXAMINER	DATE 1-7-83
ACTUAL SIGNATURE	(V)	Suicide , Hamicide , TITLE (SPECIFY) Assistan		DATE 1-7-83
death resulted from Natural IGNATURE EXAMINER'S NAME (TYPE OR PRINT) 730. BURIAL, CREMATION, REMOVAL	ennis F. Smyth, M.	Suicide , Hamicide , TITLE (SPECIFY) ASS i stan	t_medicalexaminer	DATE 1-7-83 SIGNED 1-7-83
death resulted from Natural ISDNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL (SPECEY)	ennis F. Smyth, M.	Suicide , Hamicide , TITLE (SPECIFY) ASS I STAN ADDRESS F CEMETERY OR CREMATORY	+MEDICAL EXAMINER	COUNTY STATE

20M 4/82

(VRA 15, 4)

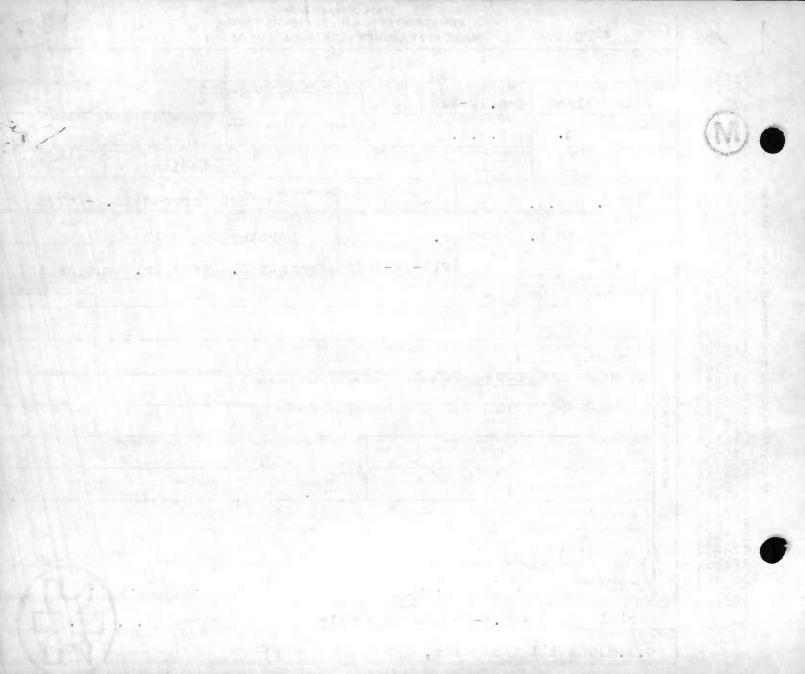


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10		REGISTRAR CEASED NAME		WEI	MIDDLE	EXAMIN		ERTIFIC	CATEO	F DEA	20. DATE KN	REG. NO.	ONTH DAY	Y YEAR	Zb. HOUR
2002	(TYF	PE OR PRINT)	DANA	LAM	IER		OW	ENS			OF E	STI-	1 31	1983	M
P. P.E.	3. SE)	Male	Black	5. DATE OF BIRTH MONTH DAY Aug. 15-	62	6 AGE (IN YEAR LAST BIRTHDA 20 YR	Y) MONTH		IF UNDER	24 HRS.	2c. DATE PRONOUNCE DEAD	D	1 31	y YEAR 1983	24 HOUR 2:25 D M
- (M)s	Ja B	IRTHPLACE (ST DREIGN COUNTRY)	Md.	U.S.A		ITRY?	MARRIE		VER MARRI DIVORC		9 BALTIMOR	nore C			MD
DELVE STOTHER NO. P. P. C.	10. C	ITY OR TOWN	of DEATH	NAME OF HOS FNOT IN SUCH FAI Universi	CILITY, GIVE S	TREET ADDRESS)	OR OTHE	R INSTITU	TION	12a. USU	JAL OCCUPAT	ION (TYPE OF V	work 12b. K	CIND OF BUILDING	SINESS
ST., BALTIMORE, MD. 21201 DURS AFTER DEATH. IF ANY DEL. 18. GIVE PAGES 1, 2, AND 3 TO 18. GIVE PAGES 1, 2, AND 2 SHOULD BE IT. PAGES 1 AND 2 SHOULD BE IT. DIVISION OF WITAL RECORDS.	USU /	AL RESIDENCE TATE Md	(IF IN NURSING HOME O	OR OTHER INSTITUTION, GIV	13c. CITY			13d. INSIDE (I	ITY LIMITS?	13. STR	EET ADDRESS Marw	ood R	ld	2077	6
MD. MD. M. 3. W. 3. S. 2. S.	14. F/	ATHER'S NAME		WIDDIE		LAST		15. MOTHE	R'S MAIDE	NNAME	MIDDE	E		LAST	
DEAT OF PARES	2		nneth L		Sr.	CIAL SECURITY	NO	17. INFORA	Doro	thy	Company of the last of the las	all	935		1063
BALTIMORE, S AFTER DEA GIVE PAGES TITH FORM P PAGES I ANI		ES, NO, OR UNKNO		WAR OR DATES)		-82-7			neth	L.	Owens		Same	as]	13R
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS EXECUTE THE CERTIFICATE. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. G PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WIT FOR ENERGY DESCRORES SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAFER EDEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGEINE, DIN BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	gove ris couse (o) lying cou	ns, if ony, which the to immediate stating the <u>under-</u> se lost.	DUE TO, OR	AS A CON	OT WOUR HSEQUENCE C)F				ried we	apon)			
VITAL RECO	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPERA	ATION WA	AS PERFOR	MED?				20	AUTOPSY?	по П
DIVISION OF VITAL THIS CERTIFICATE SHOU WARDED TO THE CHIEF WARDED TO THE CHIEF WARDED THE CHIEF TATE DEPARTMENT OF 121201 PRIOR TO BURIAL	MEDICAL CERT	UNDERLYING CONTRIBUTION 21d. INJURY C		21e PLACE C	MONTH 1-2		Sub 21f. LOC	ject ATION REET			CITY OR TOWN		COUNTY		STATE Md.
CAL EXAMINER: THE CERTIFICATE. V SHOULD BE FORW. SALL DIRECTOR: PARTH, WITH THE SITE, MARYLAND, 21		220 I certif death results ACTUAL SIGNATURE		ge of the remains descrol causes ,			Autops:	Homic TITLE (SI	Inspection Inspection	Undete	Inquiry Cermined monne	ond in	my opinion		
MEDICAL GECUTE THE CGE 4 SHO OF UNERAL TTER DEATH		EXAMINER'S,	Ann Ann	M. Dixon,	M.D	•		DDRESS_	111		St., E	Balto.	, Md.	21201	
BP	23a.B	URIAL, CREMAT SPECIFY) SUPIAL	FION, REMOVAL 2	Feb.4-8		wens]			DRY		CATION OR TOWN	A.A	COUNTY	d.	ATE
DHMH - 17 (VR A15 ME (5)) 20M 4/82		C.E.R.		l Annapo	lis,	Mary	land		250. DATE R	_	registrar 1983	Stregistr.	AR'S SIGNA	ahrely	1



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

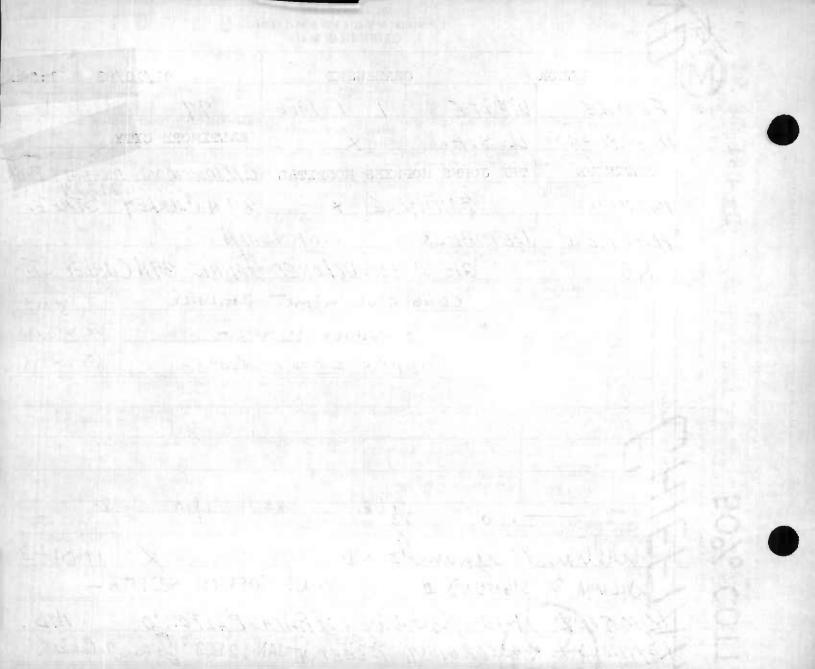
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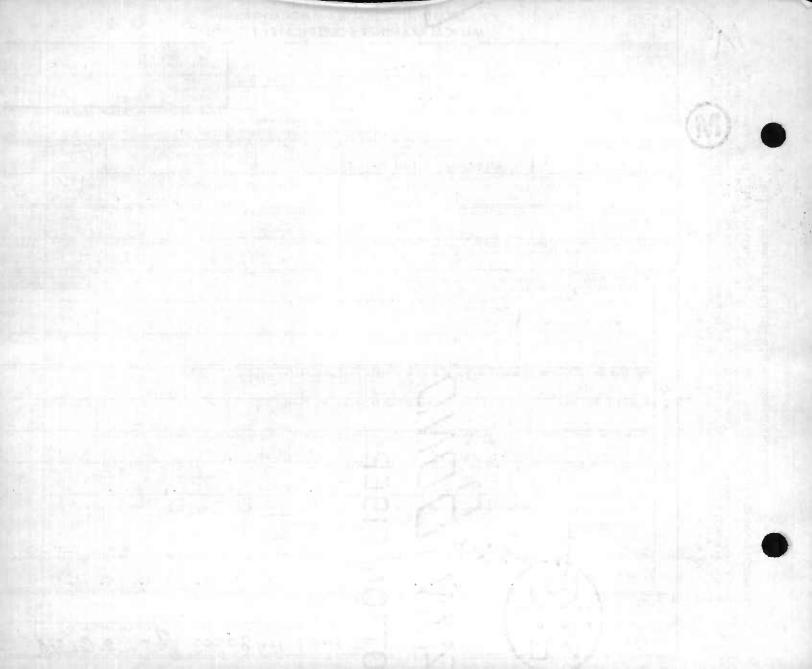
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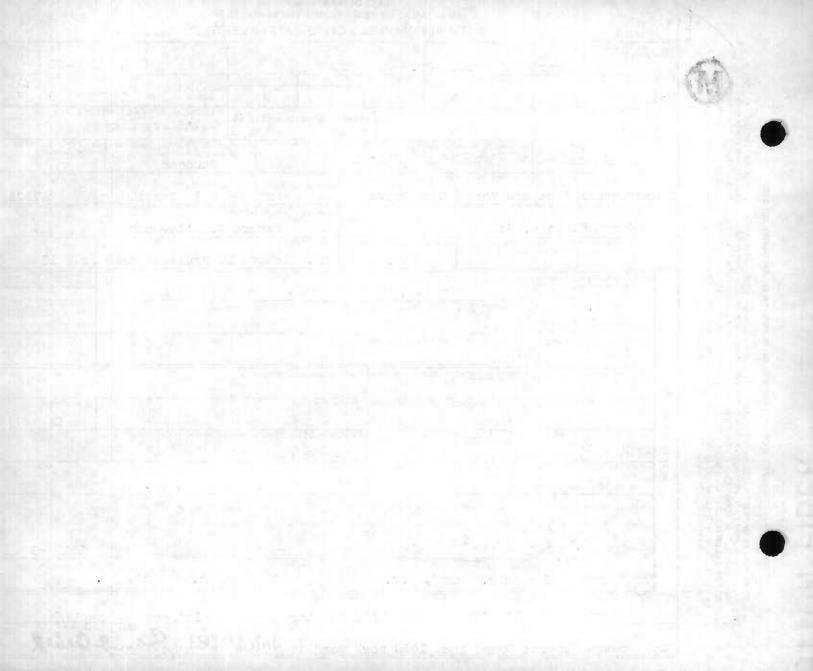
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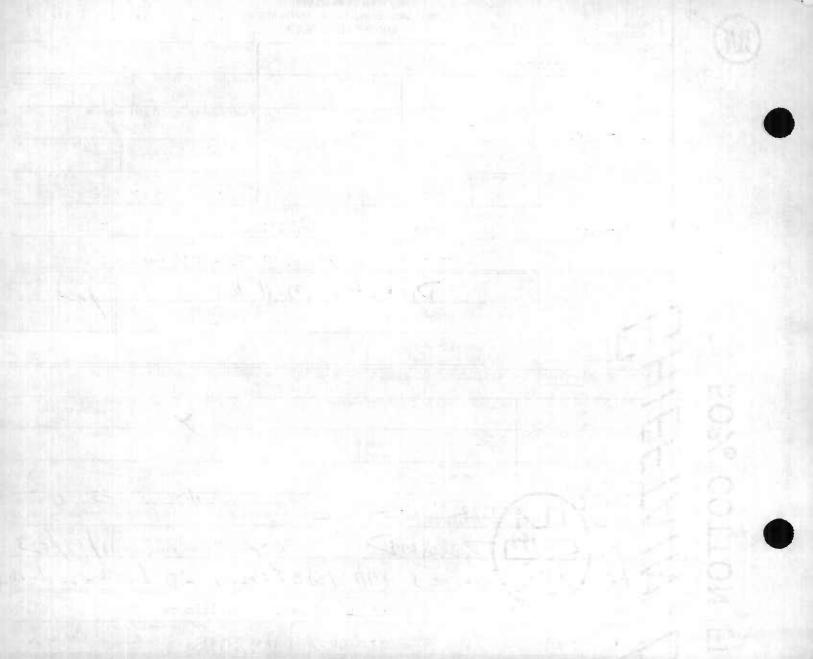
76	1	FOR - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & S	1 1 2 4 5
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
)	ELNOR		ZAZEWSKI	01/	10/83 11:58
You ?	3. SE	x /	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
· Of 22	L	EMOLE	WHITE	1 / 1906	77 YRS	
th. Po	7a. E	COUNTRY)	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
S C C	1/	PARYLAND	U.S.A.	WIDOWED DIVORCED		ITY
offer of the state	2	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS)	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
S S CONTRACTOR		AL RESIDENCE (IF NURSING HOME OR C	THE JOHNS HO		CHARMONAN	VND NAT 1 139
AND 2 in 24 ho filled in hould b	130	PRYLAND 136 COUN'		ORE YES NO	31 N CURL	STREET
marky ed with ond 23 cond 23 c	K	ATHER'S NAME PNDREW "	DEMBECK	15. MOTHER'S MAIDEN N	2 W N MIDDLE	LAST
be execut	Î6a	WAS DECEASED EVER IN U.S. ARM (YES NO OSUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 215 24	2430 DOLORES	HARRIS 311	CURLEY ST.
ST., BAL entificate physicia proper energy, the		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), on BY: CAUSE (a) CONG		FALLURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 4401
he deoth ce ne ottending emove karb motion, or r		Conditions, if any, which	DUE TO, OR AS A CONSEQUE		AEMIN A	12 years
ot w. PR		gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF ANTERY	DISCASE	(5 years
y. Y	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION O	IVEN IN PART 1(0)
AL RECORDS The low requiration. The low sequiration in permit. There are prior to those ony injur	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM)	B PART I OR PART 2)
DIVISION OF ING PHYSICIA After this certif as the buriol-1 Ith and Mentol orked or them	MEDICAL	21d. INJURY OCCURRED	21a. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING P or offer Affer these as the colth and morked	. 2	AT WORK AT WORK	THE STREET, THE TONY, OF THE L. T.			
R ATTENDIN hospirol or RRECTOR: Africa for use a sept. of Health tem 21 is month.		22a.1 certify that (1) (this hospital sow the deceased alive an obove, (1) (we'did) (did not		3, and that in (my) (aur) apinion	n death accurred on the date and h	our and from the causes stoted
She had be the		226 SIGNATURE 226 PHYSICIAN'S NAME (TYPE OR	n. Janums	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/10/63
TO HOSPITAL O retained by the TO FUNERAL D should be detact with the State D. IMPORTANT: If I		WILLIAM R.	SIGNEND IT	- LNHOL	HOLKINZ HOTH	htaL'
BP	230	DURIAL	1-14-1983 G	ARDEN OF FAIT	45 BALTO.CO	COUNTY ME .
DHMH - 16 50M 4/82 (VRA 15, 4)	21.	THE WALDINGTON L. K	ACLOROWSH	2525 STJA	N 1 2 1983	STRAR'S SIGNATURE.







		1. DE	REGISTRAR CEASED NAME FIR	ST	WIDDLE		ICATE OF DEATH	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR 2b. HO
0 0			OR BRIDITY	rothy	Lee	Parh	am	January 19	, 1983
pod ,	3	3. SE	X	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOUR
ector irs oft			Female	Bla	ack	8	5 32	50 y	RS.
ol dir 2 hou	900		RTHPLACE (STATE OR FOREIG		OF WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR COL	
unerol hin 72	6/		S. Carolina		USA	WIDOWE	DIVORCED [Baltimore	
by the fur	00		Baltimore	4503	SUCH FACILITY, GIVE STREET HOMEN A	ADDRESS) Venue	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	INDUSTRY
filled in	35		AL RESIDENCE (IF NURSING HISTATE 13b.	OME OR OTHER INSTITUTE COUNTY	ON, GIVE RESIDENCE BEFORE 130. CITY OR TOW Baltimo		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 4503 Home	212 er Avenue
2 sho	iner	14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N		LAST
and 3	200		Clarence	MIDDLE	Horne		Ansall:	ina	Bell Bell
ond comp	medicol		VAS DECEASED EVER IN U	.S. ARMED FORCES		JRITY NO.	17. INFORMANT	ADDRESS	
on or	e me		No		217-24-	5006	Emmie B. W:	illiams 3114 We	
ysicio	t, th		18. CAUSE OF DEATH (En	nter only one couse p	per line for (e) (b), on	nd (c))	Lo, mi	1.4.	APPROXIMATE IN BETWEEN ONSET A
ng physici bonpopel removol.	eve			AEDIATE CAUSE (0)		ava	res riel	11/63	1/W
	otic		2500	DUE TO.	OR AS A CONSEQU	ENCE OF			
deoth ottend ove co tion, o	E C		Conditions, if ony, who						
0 0 4	-		gove rise to immedia	ate					
the rem	ė ė		couse (a), stating t	the DUE TO	OR AS A CONSEQU	ENCE OF			
that the d by the ease rem al, crema	r other t				, or as a consequ	ENCE OF			
signed by the hen please rem o buriol, cremo	jury, or other t	Z	underlying couse lo	DUE TO			NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN PART 110
w requires that the open signed by the rint. Then please remainer to buriol, creman	ny injury, or other t	ATION	underlying couse lo	the DUE TO, (c). ANT CONDITIONS		DEATH BUT		20g. AUTOPSY? 20b. I	IF YES, WERE FINDINGS U
os bee	ws ony injury, or other t	IFICATION	underlying couse to	the DUE TO, (c). ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT		20g. AUTOPSY? 20b. I	
The low icion. The hos been is permit giene price.	8 shows ony injury, or other t	CERTIFICATION	underlying couse to	The DUE TO, (c). ANT CONDITIONS 1 196. CON	CONTRIBUTING TO	DEATH BUT	N WAS PERFORMED	20a. AUTOPSY? 20b. I	IF YES, WERE FINDINGS UP ERTIFYING CAUSES OF DE YES \(\text{ NO} \)
physicion. rtificote hos bee	80	AL CERTIFICATION	PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE	ANT CONDITIONS 1 196. CON 1 216. TIME 1 OF DEATH HOUR	CONTRIBUTING TO	DEATH BUT	N WAS PERFORMED	200. AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS UP ERTIFYING CAUSES OF DE YES \(\text{ NO} \)
IYSICIAN: The low ding physicion. is certificate has been burial-transit permit Mental Hygiene pric	or Item 18 shows any injury, or other t		underlying couse in PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING.	ANT CONDITIONS 1 19b, CON ING	CONTRIBUTING TO	DEATH BUT OPERATION AY YEAR	N WAS PERFORMED 21c. HOW INJURY OCCU	200. AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS U ERTIFYING CAUSES OF DE YES \(\text{NO}\) M 18 PART I OR PART 2)
HYSICIAN: The law nating physicion. his certificate has bee build-transit permit Mental Hygiene price.	Hem 18	MEDICAL CERTIFICATION	UNDERLYING COUSE IC PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d. INJURY OCCURRED	ANT CONDITIONS I 19b. CON ING	CONTRIBUTING TO	DEATH BUT OPERATION AY YEAR	N WAS PERFORMED	200. AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS UP ERTIFYING CAUSES OF DE YES \(\text{ NO} \)
ING PHYSICIAN: The low r ottending physicion. After this certificate hos bee os the burial-transit permit th and Memal Hygiene pricition and Memal Hygiene pricities.	or tem 18		UNDERLYING COUSE IN COURSE	ANT CONDITIONS ING 21b, TIME HOUR (AMINER) 21e, PLAC (AT HOME.	CONTRIBUTING TO NDITION FOR WHICH E OF INJURY A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY, OFFICE.	DEATH BUT 1 OPERATIO AY YEAR 19 FARM. ETC)	N WAS PERFORMED 21c. HOW INJURY OCCU	200. AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS U ERTIFYING CAUSES OF DE YES \(\text{NO}\) M 18 PART I OR PART 2)
NDING PHYSICIAN. The low I or otherding physicion. R. After this certificate has been use as the burial-transit permit lealth and Mental Hygiene printellith and Mental Hygiene printelli	or tem 18		UNDERLYING COUSE IN THE SIGNIFIC TO THE SIGNIF	ANT CONDITIONS ING 216, TIME HOUR (AT HOME) hospital) attended	CONTRIBUTING TO	AY YEAR 19 FARM. ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCU 21f. LOCATION STREET	200. AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS UERTIFYING CAUSES OF DE YES NO NO NO NO NO NO NO NO NO NO NO NO NO
R ATTENDING PHYSICIAN: The low hospitol or outending physicions. RECTOR: After this certificate hos bee reed for use os the buriol-tronsit permit spit, of Health and Mental Hygiene price	or tem 18		UNDERLYING COUSE IN COURSE	ANT CONDITIONS ING 216, TIME HOUR (AT HOME) hospital) attended	CONTRIBUTING TO	DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCU 21f. LOCATION STREET	200. AUTOPSY? 20b. IN CITY OR TOWN	IF YES, WERE FINDINGS UERTIFYING CAUSES OF DE YES NO NO NO NO NO NO NO NO NO NO NO NO NO
1. OR ATTENDING PHYSICIAN: The low the hospitol or otherding physicion. 1. DIRECTOR: After this certificate has been stoched for use as the buriol-transit permit in Dept. of Health and Mental Hygiene price.	: If Hem 21 is morked or Hem 18		Underlying couse in PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify the (I) (this sow the deceosed of obove (I/V) we) (idid)	ANT CONDITIONS ING 216, TIME HOUR (AT HOME) hospital) attended	CONTRIBUTING TO	DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	216. HOW INJURY OCCU 216 LOCATION STREET , 19 and that in (our) opinio	200. AUTOPSY? YES NO IN CITY OR TOWN To 10 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	IF YES, WERE FINDINGS UERTIFYING CAUSES OF DE YES NO NO NO NO NO NO NO NO NO NO NO NO NO
1. OR ATTENDING PHYSICIAN: The low the hospitol or otherding physicion. 1. DIRECTOR: After this certificate has been stoched for use as the buriol-transit permit in Dept. of Health and Mental Hygiene price.	: If Hem 21 is morked or Hem 18		Underlying couse in PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify the (I) (this sow the deceosed of obove (I/V) we) (idid)	ANT CONDITIONS I 19b. CON ING 21b. TIME COF DEATH (AMINER) 21e. PLAC (AT HOME.) hospitol) attended live an Cold not view the ba	CONTRIBUTING TO	DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	21c. HOW INJURY OCCU 21f LOCATION STREET . 19 and that incomes (our) opinio	20e. AUTOPSY? YES NO NO NO IN CITY OR TOWN CITY OR TOWN 1 death occurred on the date once	IF YES, WERE FINDINGS UERTIFYING CAUSES OF DE YES NO NO NO NO NO NO NO NO NO NO NO NO NO
1. OR ATTENDING PHYSICIAN: The low the hospitol or otherding physicion. 1. DIRECTOR: After this certificate has been stoched for use as the buriol-transit permit in Dept. of Health and Mental Hygiene price.	: If Hem 21 is morked or Hem 18		Underlying couse in PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL EX 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK A WORK 22a.1 certify the (1) (this sow the deceosed of obove (19(we) (did)) 22b. SIGNATURE	ANT CONDITIONS I 19b. CON ING 21b. TIME COF DEATH (AMINER) 21e. PLAC (AT HOME.) hospitol) attended live an Cold not view the ba	CONTRIBUTING TO	DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	21c. HOW INJURY OCCU 21f. LOCATION STREET , 19 and that income (our) opinio DEGREE ATTENDING- PHYSICIAN	200. AUTOPSY? YES NO IN CITY OR TOWN To 10 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	IF YES, WERE FINDINGS UERTIFYING CAUSES OF DE YES NO NO NO NO NO NO NO NO NO NO NO NO NO
OR ATTENDING PHYSICIAN: The low the hospital or ottending physicion DIRECTOR: After this certificate has bee oched for use as the barial-transit permit Dept. of Health and Mental Hygiene price	: If Hem 21 is morked or Hem 18	MEDICAL	UNDERLYING COUSE IC PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify tho (1) (this sow the decessed of obove (19(we) (did)) 22b. SIGNATURE 22d. PHYSICIAN'S NAME	TANT CONDITIONS ANT CONDITIONS 1 196, CON 1 196, CON 1 196, CON 1 216, TIME HOUR AMINER) 21e, PLAC (AT HOME, hospital) attended live an official not wiew the bo	CONTRIBUTING TO NDITION FOR WHICH E OF INJURY A.M. MONTH D P.M. CE OF INJURY . STREET, FACTORY, OFFICE. I the deceased from 2 19 ddy ofter death.	DEATH BUT OPERATION AY YEAR 19 FARM. ETC)	21c. HOW INJURY OCCU 21f. LOCATION STREET , 19 and that income (our) opinio DEGREE ATTENDING- PHYSICIAN	200. AUTOPSY? YES NO NO NO IN COMMENT OF INJURY IN ITELE CITY OR TOWN TO MEDICAL STAFF DIRECTOR PHYSICIAN COMMENT OF INJURY IN ITELE ACCORDING TO THE MEDICAL STAFF DIRECTOR PHYSICIAN COMMENT OF INJURY IN ITELE ACCORDING TO THE MEDICAL STAFF DIRECTOR DIRECT	COUNTY COUNTY
1. OR ATTENDING PHYSICIAN: The low the hospitol or otherding physicion. 1. DIRECTOR: After this certificate has been stoched for use as the buriol-transit permit in Dept. of Health and Mental Hygiene price.	: If Hem 21 is morked or Hem 18	MEDICAL	Underlying couse in PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL EX 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK A WORK 22a.1 certify the (1) (this sow the deceosed of obove (19(we) (did)) 22b. SIGNATURE	TANT CONDITIONS ANT CONDITIONS 1 196, CON 1 196, CON 1 196, CON 1 216, TIME HOUR AMINER) 21e, PLAC (AT HOME, hospital) attended live an official not wiew the bo	CONTRIBUTING TO NDITION FOR WHICH E OF INJURY A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY, OFFICE. 19 19 19 19 10 10 11 12 13 13 13 13 13 14 15 16 17 18 18 18 18 18 18 18 18 18	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC) NAME OF C	216. HOW INJURY OCCU 216 LOCATION STREET 19 and that incomes (our) opinio DEGREE ATTENDING: PHYSICIAN 22e. ADDRESS	200. AUTOPSY? YES NO NO NO IN COMMENT OF INJURY IN ITELE CITY OR TOWN TO MAGE AGE MEDICAL STAFF OIRECTOR PHYSICIAN	IF YES, WERE FINDINGS UERTIFYING CAUSES OF DE YES NO NO NO NO NO NO NO NO NO NO NO NO NO



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEPART		HEALTH AND MENTAL HYG		0	1 2	5	U
	1 DE	CEASED NAME	FIRST		MIDDLE		LAST	REG. N		DAY YEAR	26 HOL	ID.
	_	OR PRINT)	(0		17	7)	al- a		,			/ / /
	3. SE	ueen	Que	enie)	Ε	Is DATE O	cham DE BIRTH	6 AGE (IN YEARS LAST BIR		0 198		M PA HPS
r					. 1.	MONT	H DAY YEAR	Maria Sali		MONTHS DAYS	HOURS	MIN.
-	Za/RI	Female IRTHPLACE (STATE OR F	OBEICN	Bla	CK WHAT COUNTRY?	6	25 22	60	YRS.	OFPEATH		
1	3	COUNTRY)	OKEIGIA			MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C				
1	10 C	VA ITY OR TOWN OF DEA	\TH		SA	WIDOWE	DR OTHER INSTITUTION	BALT.	IMORE	CITY	0.0000000	MD.
4	1	BALTIMORE		(IF NOT IN SUC	H FACILITY, GIVE STREET UNION ME	MORIAI	HOSPITAL	(TYPE OF WORK FOR MOST O		(INDUSTRY	OF BUSINE	:55 OK
Z.	13a S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS				
		MD			Baltimo:		YES X NO	1647 No	cmal A	venue	2121	13
6.	14 FA	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME				
17	1	Andrew			Parker		Ada	WIDDLE		Tay1	or	
1		VAS DECEASED EVER			166 SOCIAL SECT	URITY NO.	17 INFORMANT	ADDR	ESS			
	No	yes, no or unknown)	(IF YES, GIV	E WAR OR DATES)	219-20-	8724	Mary Dorothy	Johnson 1	647 No			
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter on	ly one couse per	line for (o), (b), or	nd (c)				BETWEEN	NONSET AND	DEATH
				E CAUSE (o)	SHOCK							
		5860		DUE TO, OI	R AS A CONSEQU	ENCE OF						
		Conditions, if any,		(b)								
		couse (o), stofine	g the	DUE TO, OI	R AS A CONSEQU	ENCE OF						
		underlying couse	lost.	((c)								
	7	PART 2 OTHER SIGN	NIFICANTO	ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITIONGIV	EN IN PART 1	(0)	
	CERTIFICATION	Rena	1 +	ailure,	GT b	reed:	ne					
1	CA	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YING CAUSE		
	TIF							YES NO		S	NO [
1		210 ACCIDENT WAS UND	-	216. TIME O		AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)		100
	CAL	OR CONTRIBUTING C		in .		19	V. V. Self					
	MEDICAL	21d INJURY OCCURR	ED	21e. PLACE	OF INJURY EET, FACTORY, OFFICE, I		211 LOCATION	CITY OR TO	WN	COUNTY		TATE
	>	AT WORK AT WOR	ILE .	(AT NOME, STR	CET, PACTORT, OFFICE, I	FARM, ETC]						
		22a I certify that (I)	(this hospit	ol) ottended the	e deceased from_		-16 19 62			19 83	, that (1) (v	we) lost
		sow the decease above (I) (d	d olive on	l view the body		83.00	nd that in (my) (bur)opinion	deoth occurred on the d	ote and hour	ond from the	couses sto	oted
		226. SIGNATURE		. 0)		DEGREE	1.4			ESIGNED	
	133	Palser	1	DI	ano	n/	ATTENDING PHYSICIAN	MEDICAL STA		1/10	183	
П		22d. PHYSICIAN'S NA	ME (TYPE O	R PRINT)		-	The ADDRESS				0	
	14	ROBER	T TA	NO, M.D			UNION	MEMORIAL H	OSPIT	AT.		
	23g B	BURIAL, CREMATION, I		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	(SPECIFBurial		1/14/8	3 M	t. Cal	lvary Cem.	Anne Arui	ndel C	O. OUNTY	MD 5	TATE
		UNERAL DIRECTOR			37 . 1		25a. DAT	E REC'D. BY REGISTRAR	256. DE GISTE	RAR'S SIGNA	TURE .	1
	Wm	n. C. March	F/H	1101 E	. North	Ave.		4N 1 1 1983	John		Cours	4

DHMH - 16 50M 1/B1 (VRA 15, 4)

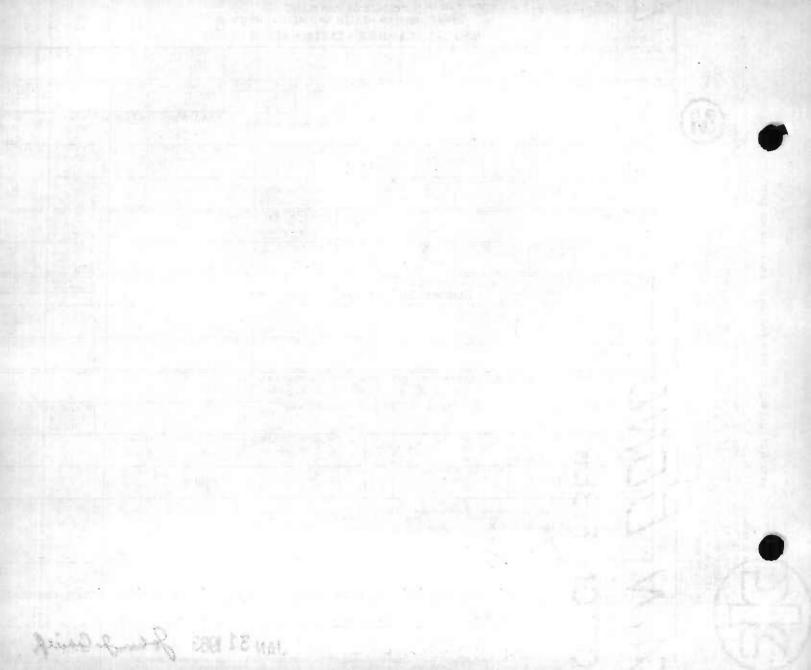
BP.

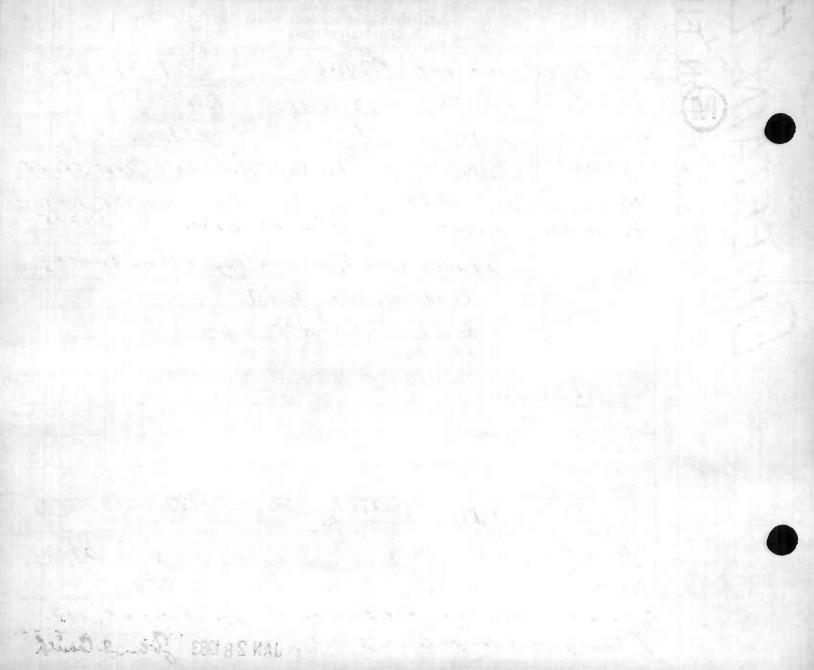
the burial-transit permit. Then pleas and Mental Hygiene prior to burial,

should be detached far use as with the State Dept. of Health TO FUNERAL DIRECTOR:

er J. S. B., Outs Council at Col.

	REGISTRAR	NE FIRST		MIDDLE		CERTIFICATE C	Ze. DATI	REG. NO	MONTH	DAY YEAR
	PE OR PRINT)	LAT	ASHA	L.		PARKS	OF DEAT	H MATED	1	27 19 8
3. SE	Х	4 RACE	S. DATE OF BIRTH		N YEARS IF UN	DER 1 YR. IF UNDER		TE	MONTH	DAY YEA
F	'emale	Black	9 19	81 1	YRS.	DAYS HOURS	MIN. PRONO	AD	1	27 19 8
PLE	OREIGN COUNTRY)		76. CITIZEN OF W			ED NEVER MARR	IED 🔼	MORE CITY O		
200	laryland		U.S	SPITAL, NURSING HO	WIDOV		II20 USUAL OCC	ltimore		Y 126. KIND OF 1
	altimor		(IF NOT IN SUCH FA	opkins Hos	SSI	EK INSTITUTION	FOR MOST OF W		OF WORK I	OR INDUS
	STATE	_ 13b. COL	E OR OTHER INSTITUTION, G	113c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADD			
	Maryla			Baltimon	re	YESTA NO	915 N.	Kenwood	d Aver	nue 21:
14.1	ATHER'S NAM Melvin	t	MIDDLE	LAST		15. MOTHER'S MAIDI	IN NAME	MIDDLE		LAST
160		D EVER IN U.S. A	RMED FORCES?	Parks	IRITY NO	Gracie 17 INFORMANT		ADDRESS		Jones
100	YES, NO, OR LINKING	OWN) (IF YES, GI	VE WAR OR DATES)	217-98-9			01E			7
		DE DEATH (E-4	only ane cause per line			Elsie Pit	Julian 915	N. Ker	IWOOd	Avenue
	lying car		(c)	BUT NOT RELATED TO THE		E OR CONDITION GIVEN IN PA	RT 1 (a).			
CATION		F OPERATION	19b. CONDI	TION FOR WHICH O	PERATION W	AS PERFORMED?				20 AUTOPS
RTIFICATION	19a DATE OI									YES X
CAL CERTIFICATION	19a DATE OF	F OPERATION AL CAUSE WAS G OR ING CAUSE O	21b. TIME O	FINJURY A. MONTH DAY Y	EAR 21c. H	'AS PERFORMED?	D (ENTER NATURE OF	INJURY IN ITEM 18 F	PART 1 OR PART	YES X
MEDICAL CERTIFICATION	19a DATE OF THE PROPERTY OF TH	AL CAUSE WAS G OR ING CAUSE O	21b. TIME OF HOUR A.N	FINJURY A. MONTH DAY Y	EAR 21c. H		D (ENTER NATURE OF		COU	YES X
MEDICAL CERTIFICATION	21a EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY WHILE AT WORK 22a. I cert deoth result ACTUAL SIGNATURE	AL CAUSE WAS G OR ING CAUSE O OCCURRED NOT WHILE AT WORK ify that I took cho	21b. TIME OF HOUR A.M. F DEATH 21e PLACE: STREET, FAC	FINJURY A. MONTH DAY Y A. 19 OF INJURY (ATHOME TORY, FARM, ETC.) scribed obave, held a Accident .	EAR 21c. H	CATION STREET SY	CITY OR Inqui Undetermined MEDICAL EX.	ry . on manner .,	d in my opi	YES X
MEDICAL	21a EXTERN. UNDERLYING CONTRIBUT 21d. INJURY WHILE AT WORK 22a. I cert deoth result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	AL CAUSE WAS OR ING CAUSE O OCCURRED NOT WHILE AT WORK ify that I took che ted fram:	F DEATH 21b. TIME OF HOUR A.M. P.M. 21c. PLACE STREET, FAC. rge of the remains desturol causes A.M. Ann M. Dix	FINJURY A. MONTH DAY Y A. 19 OF INJURY (ATHOME TORY, FARM, ETC.) Scribed obave, held a Accident .	EAR 21c. H	CATION STREET TITLE (SPECIFY) D. Assistar	CITY OR Inqui Undetermined	ry . on manner .,	d in my opi	YES X





	Tte	m #5 Film G575			E OF MARYLAND		-0. 0	1 to 1 to 1
4	1.	STATE REGISTRAR	584 10/25/\$3 DEP ph	CERTIE	IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 1	255
9 31		CEASED NAME OR PRINT)	TRUG.	9	SULA	20 DATE OF DEATH	NONTH DAY	87 7 8 M
	3.56		4 RACE	5, DATE (6 AGE (IN YEARS LAST BIRT		IDER ! YEAR IF UNDER 24 HHS
9	100	male	Black	9	21 1895	87	YRS	HS DAYS HOURS MIN
George P. P.	K	RTHPLACE (STATE OR FOREIGN DUNTRY) ONTUCKY	76 CITIZEN OF WHAT COUN	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Baltimore city o	-	MD MD.
201	DA	HMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Provident H	street address) lospita		USUAL OCCUPATION OF WORK FOR MOST OF DOMESTIC	WORKING LIFE)	26. KIND OF BUSINESS OR NOUSTRY PVt. Family
AND 21:	Ma	AL RESIDENCE (IF NURSING HOME OF TATE 13b COL	INTY 13c CITY OR	BEFORE ADMISSION) TOWN IMORE	YES X NO	13e STREET ADDRESS 1410 McCu	lloh S	t.#21217
MARYL med with	•	athaniel	Griffi't	h	Elizabeth	WE	Richar	rdson
BALTIMORE,		VAS DECEASED EVER IN U.S. A 5, NO OR UNKNOWN) (IF YES, GI		SECURITY NO. 2-3631	17 INFORMANT A Rose E. H	ynes-2B.	ss nnamon Randal	Circle, Apt
DS, 201 W. PRESTON ST., quires that the death certific signed by the attending phen please remove certains a broad, cremption of rinning jury. or other traumants even	z	Canditions, if any, which gave rise to immediate cause io stating the underlying cause last	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	SEQUENCE OF	POT RELATED TO THE TERM			N PART 1(a)
AL RECORE	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS USED G CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir attending physician. frer this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b rakedor flem 18 shawsamy injury	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	LMIN .	DAY YEAR	21c. HOW INJURY OCCURR 211. LOCATION STREET	ED (ENTER NATURE OF INJUR		OR PART 2) OUNTY STATE
ATTENDING I Sopial or offer SCTOR, After I of for use as th	2		n at view Im body after death.	ram	nd that in (my) (aur) apinian a		0-19_	that (I) (we) last
by the hore by the hore detoches Stote Dep		above, Triam (did) (did n 27b. SIGNA UTT 27d. PHYSICIAN'S NAME (TYPE)	NSL K		ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		22c. DATE SIGNED 1 - 0 - 8-3
TO HOSPITA retoined by TO FUNERA should be de with the Stot MPORTANT	220 0	RGAT	ROLAND	22. 11445 05.0		1224 LOCATION		
BP	Í	urial, cremation, remova Surial	1/15/83	Elmwoo	emetery or crematory d Cemetery	Queensbo	co, KY	
DHMH - 16 60M 1/75 (VR A 15 (4))		INERAL DIRECTOR	TTER 3085W	NOOTH A	LOCE, MD 250. DATE	REC'D. BY REGISTRAR	SEGISTRAR'S	2 Carried



NX	FOR DI	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HY	GIENE S	254
1,	REGISTRAR MED	ICAL EXAMINER'S CERTIFICATE OF	KEG. NO.	
	Joseph	Pearson	20. DATE KNOWN MONTH OF ESTI- DEATH MATED	15 19 83 M
0	5. DATE OF BIRTH	6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 2	4 HRS. 2c. DATE MONTH PRONOUNCED DEAD	DAY YEAR 24 HOUR 2:30 A
P	76 CITIZEN DE WHA		= -	OFDEATH
10.0	(IF NOT IN SUCH FACI	TAL, NURSING HOME, OR OTHER INSTITUTION ITY, GIVE STREET ADDRESS) N HOSpital	Dail I III O O O I	26 KIND OF BUSINESS OR/NDUSTRY/
	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE STATE 136 COUNTY	RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. INSIDE CITY UNITS?	130 STREET ADDIES D = 0	AT 21723
4	ATHER CHAME MIDDLE	YES NO [] 15. MOTHER'S MAIDEN	NAME MIDDLE	LAST
160	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO. OS UNKNOWN) (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 117. INFORMANT	ADDRESS ADDRESS	VIN
	NO	247-02-6664 MMrs. DAIS	4 PEARSON BOLLING	LANDLES
NO	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. DUE TO, OR A (b) DUE TO, OR A	TIPLE STAD WOUNDS S A CONSEQUENCE OF T NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	I (a).	
CAT	190. DATE OF OPERATION 196. CONDITION	ON FOR WHICH OPERATION WAS PERFORMED?		20 AUTOPSY?
MEDICAL CERTIFICATION	CONTRIBUTING CAUSE OF DEATH 1 55 P.M. 21d. INJURY OCCURRED 21e PLACE OF WHILE NOT WHILE STREET, FACTOR	MONTH DAY YEAR 1 1419 83 Subject stabb INJURY (ATHOME, VIII LOCATION STREET 14, FARM, ETC.)	LENTER NATURE OF INJURY IN ITEM 18 PART I OR PART Ded CITY OR TOWN COUNTY OF TOWN 19 Edmondson Ave, Ba	NTY STATE
	270 certify that I taak charge at the remains described the resulted from:	Sukute , Homicide X	Undetermined manner , Office of the body	nion
2	EXAMINER'S NAME Thomas D	-	Penn St. Balto.,	
	BULLA PROVAL 236 DATE -21-83	mt. Zion Cem,	23d LOCATION COUNT	Y/Idr
24	NAME ASEON L. RUSS 2008	24, North Aug JAN	20. BY REGISTRAR 256 REGISTRAR'S SK	Cohiel

24 To Carlot March 19 Carlot State of the Committee of th

MITCHELL-WIEDEFELD HOME 6500 YORK RD, 21212

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

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	,		STEEL		
ALIO MEDILIYAN				the contract of	
was tall about allowed	amergani	BAIT907	ARKIT THE	BROWER	
Treams managed to the			nick party		
			Sales -		
	Senegi-				
			State .	* \\ \(\) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Malach at the second	M			6 T	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hour with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other troumotic event,

MPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL H

STATE OF MAKTLAND	
T OF HEALTH AND MENTAL HYGIENE	8
EDTIEIC ATE OF DEATH	-

1	()	1	2	in the same	
3	63		6-0	~	

5	1-	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HYG	REG. NO	0 1	2 4) /
		CEASED NAME FIRST	WIDDIE	ı	AST		MONTH DAY	YEAR 2b. H	IOUR
S		JACOB	W.		PELTZ	JANUARY 4			10P. M
	3 SEX		4. RACE	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTH		RS MIN.
	7a RII	MALE RTHPLACE I STATE OR FOREIGN	WHITE 7b. CITIZEN OF WHAT COUP		15,1896	9 BALTIMORE CITY OF	YRS.	DEATH	
7	(RUSSIA	U.S.A.	MARRIE	D NEVER MARRIED			JEAIN	
4		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N			BALTIMORE		2b. KIND OF BUS	MD. SINESS OR
0		BALTIMORE	PLEASANT MAN	OR NURSI	ING HOME	PAINTER		DECORAT	TON
7		AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN MARYLAND	OTHER INSTITUTION GIVE RESIDENCE 13c. CITY OF	E BEFORE ADMISSION) R TOWN TIMORE	13d INSIDE CITY LIMITS? YES [X] NO []	13e. STREET ADDRESS 2500W. BEL	(21:	215) AVE. AP	
0	I4 FA	THER'S NAME FIRST	MIDDLE LA	51	15. MOTHER'S MAIDEN NA	WE		LAST	
1	14- 14	KENNETH VAS DECEASED EVER IN U.S. AR		PELTZ	ANNA 17. INFORMANT	ADDRE	cc	FLITT	
			E WAR OR DATES)	SECURITY NO.		J. FELDMAN		(21209)
		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	D BY: E CAUSE (b) DUE TO, OR AS A CON	SEQUENCE OF a	piratory a	nest Sis		APPROXIMATE I BETWEEN ONSET	
	TION	PART 2. OTHER SIGNIFICANT C							
7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS L G CAUSES OF D	
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY LATHOME, STREET, FACTORY, C	OFFICE FARM ETC)	211 LOCATION STREET	CHY OR TO	vn c	COUNTY	STATE
		sow the deceosed alive on above, (I) (we) (did) (did), no	1-4	19 84,00	nd that in (my) (our) opinion	deoth occurred on the do		from the couse	
		Jame Fun	zalan		ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F	1/5/8	13
		JAIME P	UNZALA	N	5214 Han	pord.	Balto.	m).	
		BURIAL, CREMATION, REMOVAL	23b. DATE 1/6/8	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		unty	STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

O HOSPITAL OR ATTENDING PHYSICIAN: The law etoined by the hospital or ottending physician.

> RHRTAL 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.
>
> ERSTOWN RD. BALTIMORE MARYLAND 21215

FIRST FRANCES PENCE J. TYPE OR PRINTS 5. DATE OF BIRTH 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE I STATE OR FOREIGN MARRIED . NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH LTYPE OF WORK FOR MOST OF WORKING LIFE) NURSE'F AIDE BALTIMORE USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3a STATE 13c. CITY OR TOWN 6410 FORREST AVENUE, 21227 NO F ELKRIDGE MARYLAND HOWARD 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE MIDDLE FIRST MELVIN JONES MARY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) DORIS R. FARMER 6410 FORREST AVENUE, 21227 NO 344-16-4063 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Pulmonors IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Op Another Conditions, if ony, which gove rise to immediate couse (o), stating underlying cause lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS, CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 LIE EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) ottended the deceosed from 83 saw the Jeceosed alive on above (I) (ve) (did) (did han view the body after death and that in (my (our) opinion death occurred on the date and hour and from the couses stated 22h SIGNATURE DEGREE MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR THYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b neclure should with 1 0 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OF TOWN (SPECIFY) LOUDON PARK BALTIMORE CITY CREMATION 01-07-83

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

FOR

REGISTRAR

DECEASED NAME

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21229

REG. NO.

IF UNDER 1 YEAR DAYS

INDUSTR

NURSING

RAYE

YES [

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

22c DATE SIGNED

MARYLAND

HOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO [

STATE

2a. DATE OF DEATH

THE STATE OF THE S of the property of the same was a second of the same o

The state of the s market the market of the second

Francis Gasch's Sons Funeral Home, P.A.

Hyattsville, Maryland

MIDDLE

FOR

REGISTRAR

FIRST

. DECEASED NAME

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

YEAR

IF UNDER 1 YEAR

2h HOUR

12b. KIND OF BUSINESS OR

Gough

(Wife)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

COUNTY

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S STEN PARE

22c. DATE SIGNED

Printing Co.

IF UNDER 24 HRS

20 DATE OF DEATH



24, 22

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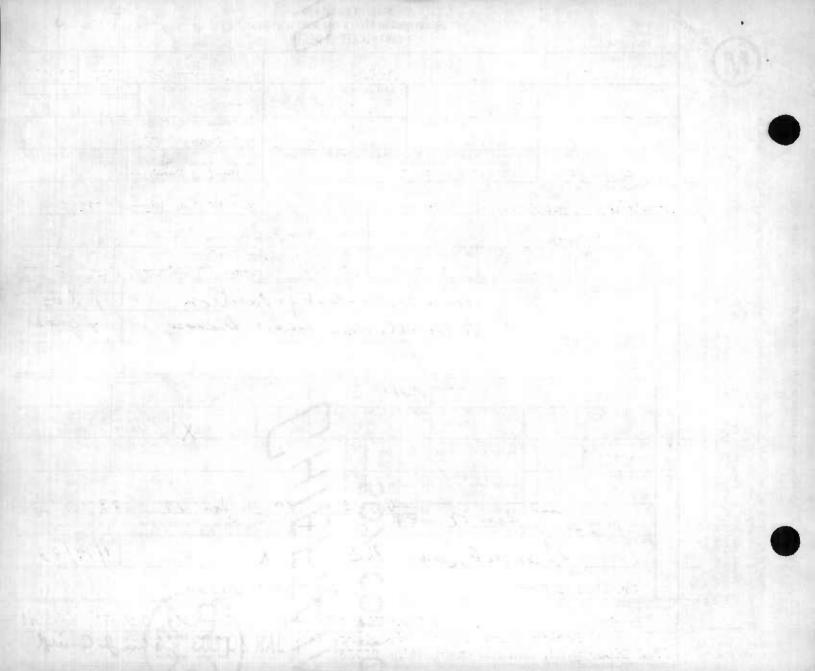
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	1-	STATE REGISTRAR			DEFA		ICATE OF DEATH	HIGHENE	REG. NO			
1		CEASED NAME	FIRST		WIDDLE		AST .	20. DA	TE OF DEATH		DAY YEAR	26 HOUR
	(IVPE		len		Н.	Per	kov		January	19.	1983	12:45an
	3. SE	(4 RACE	F0-1-11		OF BIRTH	6. AGE	(IN YEARS LAST BIRTH	(DAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1		Male		White		Oct	1, 1919	6	3	YRS.	MONTHS DATS	HOURS MIN.
4		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8.	NEVER MARRIED	9. BAL	TIMORE CITY OR		OF DEATH	
1		shinaton	. D.C.	U.S.	. A.	WIDOW	-		ltimore	Cit	:1/	MC
1		TY OR TOWN OF				SING HOME	OR OTHER INSTITUTION	12a. US	SUAL OCCUPATIO	N	12b. KIND C	F BUSINESS OR
6	B	altimore	Ci+21	400	ich facility, give st Li Hospi				of work for most of Marine E1			
70	-USU	AL RESIDENCE (IF	NURSING HOMEO	OTHER INSTITUTION	N. GIVE RESIDENCE BE	FORE ADMISSION)				69 0160	<u> </u>	
for	1	ruland	Part +	imore	Baltim		13d. INSIDE CITY LIMITS		REET ADDRESS 1 Bigley	Anon	ue 212	227
		THER'S NAME	Dave			016	15. MOTHER'S MAIDEN			110010		
1	V	FIRST 77	nknown	MIDDLE	LAST		FIRST	ıknown	WIDDLE		(AS	ST.
5	16a. V	VAS DECEASED E		MED FORCES?	166 SOCIAL SI	ECURITY NO.	17. INFORMANIA.		Dank ADDRES	SS		
-		es, no or unknown No	(IF YES, GP	VE WAR OR DATES)	213-16-	5500	341 Bigley				Mami	1 and 919
			CATIL C				1 341 Digies	Aveni	ae Date	unore		IMATE INTERVAL ONSET AND DEATH
			H WAS CAUSE	D BY:	r line lor (o), (b)	ness	ordeal v	ndar	dem		BETWEEN	SOM DEATH
		4100	MMEDIA	TE CAUSE (0)	1	1		0	0		1	<i>T</i>
				DUE TO, (OR A SPINSE	OUENCE	dees Als	ell 1	Discos	0	7	years
		Conditions, if gove rise to	immediate	(b)_	00-00-							<u>/</u>
		underlying co		DUE TO, O	DR AS A CONSE	OUENCE OF						
H		DARTO OTUEN	- IONIIFICANIE	(c)_			1107.051.1750.70.7151			17101100		-
	NO	PART 2 OTHER:	SIGNIFICANT	CONDITIONS C	ONTRIBUTING	O DEATH BUT	NOT RELATED TO THE T	I ERMINAL DI	ISE ASE OR COND	IIION GIV	EN IN PART II	0.
7	CERTIFICATION	190 DATE OF OP	ERATION	196. CON	DITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a	AUTOPSY?		WERE FINDI	
4	TIF	230.4						YES	NOD NOD	IN CERTIF	YING CAUSES	NO DEATH?
A	CER	21a. ACCIDENT WAS	_	110010	OF INJURY	5.4V WF:-	21c. HOW INJURY OC			IN ITEM 18 P	PART I OR PART 2)	
7		OR CONTRIBUTING		AIR	A.M. MONTH	DAY YEAR						
	MEDICAL	21d. INJURY OCC		21e. PLACE	OF INJURY		211. LOCATION				COUNTY	61486
	M	WHILE NO	T WHILE	(AT HOME S	TREET, FACTORY, OFF	CE, FARM, ETC }	STREET		CITY OR TOW	/TN	COUNTY	STATE
		220.1 certify tho		ital) attended t	he deceased fro	m Jun	3 107	o to	Jan 1	9	1983	that (I) (we) last
		sow the dec	eosed allwar or	Agr	- 17		nd that in (my) (our) opin	nion death o	curred on the dot	e ond hou	r and from the	couses stated
		above, (1) (w		t) view the bod	y ofter death.		DEGREE				22c. DATE	
			11	conce	0/.	12 7		IG & MED	ICAL STAFF		1/1	7/87
1		224 PHYSICIAN	S NAME (TYPE	OR PRINT)	e per	K //	PHYSICIA 22e ADDRESS	N DIREC	CTOR PHYSICI	AN	1/	/ "
1			anuel L					7. U-:-	12ta 1			
							6101 Par					
		Burial Burial					EMETERY OR CREMATO	ORY 23d.	UCATION YKESVILL		COUNTY 7	Acres 1 TIATE 7
	Barrier .			1-21-8			ew Mem. Par		ykesvill	e, ca	I'TOUL I	aary tana
	24. FI	INERAL DIRECTO	K Lorin	g byers	Funera	urrec	tors, Inc. 250.	JAN 2	O 1983 RAR 2	Jo Co	RAR'S GNA	hill
	87	28 Liber	rty Kd.	Kanaal	istown,	Ma. 2	1133	— • • • • • • • • • • • • • • • • • • •	(~	



8728 Liberty Rd., Randalls Youn, MD 21133

- STATE

REGISTRAR

Burial

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Lorraine Park

24 FUNERAL DIRECTOR LOYING BYETS FUNERAL DIRECTORS, INC. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNALIFIE

REG NO

2h HOUR

126 KIND OF BUSINESS OF

Normis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

MD

Gas & Electric

IF UNDER 1 YEAR

INDUSTRY

YES |

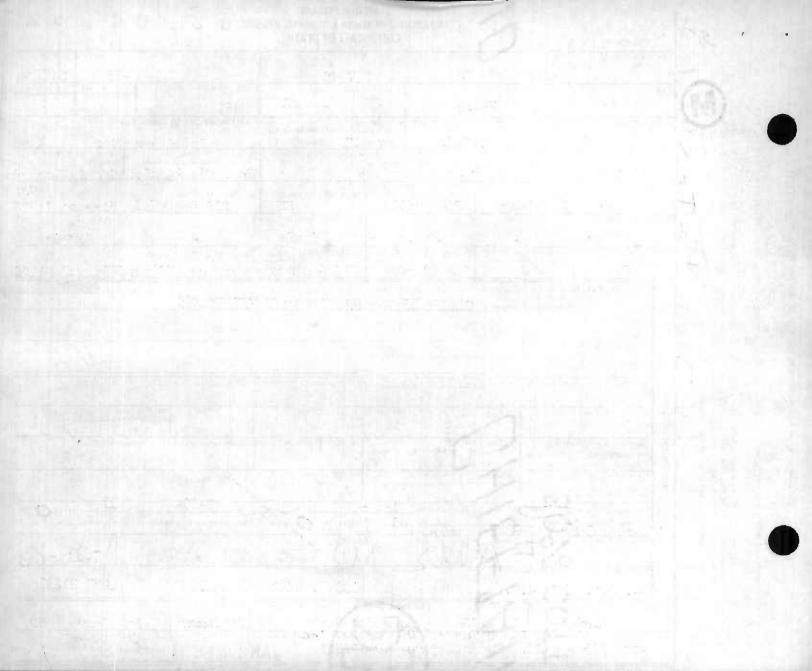
Woodlawn

COUNTY

Baltimore

22c. DATE SIGNED

6:050m



medicol exar

IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other traumotic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

		REGISTRAR				CERTIF	ICASE OF E	LAIN	RE	G. NO.			
		CEASED NAME	FIRST		MIDDLE	(AST		2a. DATE OF DEA	нтиом Н	DAY	YEAR	2b. HOUR
	ITTPE	OR PRINT)	VIRGI	NIA	L.	PET	ERSON		180	01	29	83	4:12A M
	3. SEX	K.		I. RACE		S. DATE C	OF BIRTH		6. AGE (IN YEARS L	ST BIRTHDAY)	IF UN	DER 1 YEAR	IF UNDER 24 HRS
	10	FEMALE	13.63	WHIT	E	08	23	31	5	1 YF	RS.	S DAYS	HOURS MIN.
H		RTHPLACE (STATE O	OR FOREIGN	L CITIZEN OF	WHAT COUNTR	Y? 8.	D NEVER A	AARRIED T	9 BALTIMORE CI	TY OR COU	NTY OF D	EATH	
А	1	VIRGINIA	1	U.S.	Α.	WIDOWE		VORCED	BA	LTIMOR	E CI	ry	MD.
-	M. G	Y OR TOWN OF D	EATH		HOSPITAL, NURS		OR OTHER INST	ITUTION	12a USUAL OCCU			b. KIND C	OF BUSINESS OR
D		ALTIMORE		126	4 PINE I	HEIGHTS	AVENU:	E	MEAT WR				ARY FOODS
1		AL RESIDENCE OF NO	IRSING HOME OR O		131. CITY OR TO		13d. INSIDE C	ITY LIMITS?	130. STREET ADDR	ESS			
2	M	ARYLAND		- >	BALTI		YES 🔀	NO 🗆			IGHTS	S AVI	ENUE, 2122
100	14. FA	THER'S NAME		NDDLE	LAST			FIRST	ME) F		LAS	57
		JONAH			SULLIVA	N	I	AURA				UNKN	OWN
		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMA	NT		DDRESS			21229
	, ,	NO			215-30	-3331	MAX G	. PETEI	RSON 120	4 PINI	E HEI	GHTS	AVENUE
		18 CAUSE OF DEA	ATH (Enter only	y one couse pe	r line for (o), (b),	and (c).)						BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PARTI. DEATH		CAUSE (0)	Innan,	how						10	seele
		1991		DUE TO, C	R AS A CONSEG	UENCE QF						1	10
		Conditions, if or		(b)_	Metasta	ric Ca	rcinome	u _		100		61	waller
		gove rise to in	ting the	DUE TO, C	R AS A CONSEC	DUENCE OF				-	.08		
		underlying cou	se lost	(c)_									
	z	PART 2. OTHER SI	GNIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING TO	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN	PART 1	01
4	CERTIFICATION	19g. DATE OF OPER	ATION	TINE CONF	ITION FOR WHIC	CH OPERATIO	NI WAS DEDEC	PAAED	20a. AUTOPSY?	120h II	EVES WE	DE EINIDII	NGS USED
>	FIC/	1115182			1)	ality to	A		IN CE	RTIFYING		OF DEATH?
-	ERT	21g. ACCIDENT WAS U		21b. TIME C		10000		_	YES NO		YES	P PART 21	ио 🗆
		OR CONTRIBUTING	CAUSE OF DEAT	HOUR A	M. MONTH	DAY YEAR			/ Evilla various o	, 1170111 1172	. 10 . 14. 1 .		
	MEDICAL	(IF EITHER, NOTIFY ME			.M. OF INJURY	19	211. LOCATIO	ON			-		
	ME		WHILE D		REET, FACTORY, OFFIC	E, FARM, ETC }	STREET		CITY	ORTOWN	C	OUNTY	STATE
		22a.1 certify that		ol) ottended ti	ne deceased from	n	July	19. 81	to Na	10 (Ann	DE) 19	3	that (I) (we) last
		sow the dece	osed olive on_	Nov.	10 (Ampin) 9	00	nd that in (my)	(our) opinion	deoth occurred on	he dote and	hour and		
		226. SIGNATURE	(did) (did not	view the body	offer death		DEGREE	35.00	TO SEC.	4-0-1		2c. DATE	SIGNED
		>	70	50	08)		A	ATTENDING PHYSICIAN X	MEDICAL DIRECTOR PI	STAFF		1/=	29/83
		22d. PHYSICIAN 5	MAME ITHE DE	PRINCE	2		22e ADDRES		<u> </u>				
		GREGORY	Z_BULKI	EY. M.	D.		JOHNS	HOPKI	NS HOSPIT	AL			
		BURIAL, CREMATION				c. NAME OF C	EMETERY OR		23d. LOCATION		COU	NTV	STATE
		BURIAL		02-0	1-83	MEA DOWI	RIDGE M	EM. PK.			IOWAR.		ARYLAND

DHMH - 16 50M 4/B2

BP.

24 FUNERAL DIRECTOR

FOR STATE

MEADOWRIDGE MEM.

ELKRIDGE JAN 3

HOWARD MARYLAND

21229 ADDRESS 4107 WILKENS AVE HUBBARD FUNERAL HOME INC

BY REGISTRAR 256 REGISTRAR'S SON TURE

(VRA 15, 4)

AND RESIDENCE OF THE PROPERTY THE RESERVE OF THE PARTY OF THE

ATTENDING PHYSICIAN: The low

		500					E OF MARY						. ,	
	1 -	FOR STATE REGISTRAR			DEPAR		FICATE OF	DEATH	SIENE E	REG. N	10.) ~i
		CEASED NAME	FIRST	M	IDDLE	725	LAST		20 DATE	OF DE ATH	HINOM	DAY YEAR	2b H	IOUR
		Z	lisha			P€	eyton				1	26 83		м
	3 SE)	X	4 R.	ACE		5. DATE	OF BIRTH	YEAR	6. AGE	IN YEARS LAST B	RTHDAY)	MONTHS BAYS	R IF UN	DER 24 HRS
		Female		Blac	k	7	4	02		80	YRS		HOU!	WIN Ca
6		IRTHPLACE (STATE OR FO	OREIGN 76 C	CITIZEN OF V	VHAT COUNTR	Y? 8.	X NEVER	MARRIED -	9 BALTIA	MORE CITY	OR COUN	TY OF DEATH		
8	- 2	Virginia		U.S.	A.	WIDOW		DIVORCED T	Bal	timore	e City	У,		MD.
	10 CI	ITY OR TOWN OF DEA	TH 11.		OSPITAL, NUR!		OR OTHER IN	STITUTION	12a USU	AL OCCUPATION OF THE PROPERTY	ION	126. KIND		INESS OR
D	F	Baltimore			t 20th		t. 110	5	(TIPE OF W	YORK FOR MOST	OF WORKING	LIFE) I INDUSTRI	3111	
	USU A	AL RESIDENCE (IF NURSI	NG HOME OR OTHE		THE RESIDENCE BEF			CITY LIMITS?	122 STREE	ET ADDRESS		.*		
1	Ma	aryland			Baltin		YES	NO [Apt. 1	1G 2	21218
	14 FA	ATHER'S NAME	MIDDI		LAST		15. MOTHER	R'S MAIDEN NA		1				200
6		George	MIDU	i.e	Taylor		N/A	FIRST		WIDDIE		L	AST	
		VAS DECEASED EVER I	N U.S. ARMED		166 SOCIAL SE		17 INFORM	TANT		ADDF	RESS			
	{ Y	NO NO OR UNKNOWN	(IF YES, GIVE WA	R OR DATES)	220-30	-5681	Frede	rick Pe	vton	11 W.	20th	St. Apr	F. 1	1G
		18 CAUSE OF DEATH	Enter only ar	ne cause per l			70	Λ	0	112	200		XIMATEIN	NTERVAL AND DEATH
		PART I. DEATH WA	AS CAUSED BY IMMEDIATE CA		Ken	Hero	etou	1 mla	Nu	re		1	2.0	MAS
		4151		DUE TO, OR	45 AMONSE	LIENGE DE	1 4	To I		100				0
		Conditions, if any,		(b)	THERE	willed	held	ulles					1 7	caso.
		gove rise to imm cause (a), stating		DUE TO OR	AS A CONSEC	PENCE OF		11	1 (1.	r .			0
		underlying couse	last.	16)	Tu	men	Leg Egu	holes, C	ludu	u Dea	in ky	VE JOHN	7	undo
		PART 2 OTHER SIGN	IFICANT CON	DITIONS CO	MTRIBUTING T	O DE ATH BU	NOT PELATE	DTO THE TERM	IN AL DISE	ASE OR CON	NDITION G	IVEN IN PART 1	10	
	CERTIFICATION	The state of	00	and	USEA	arry	then	11						
5	CAT	19a DATE OF OPERAT	ION	196 CONDIT	ION FOR WHI	CH OPERATIO	IN WAS PERF	ORMED	20a AL	TOPSY?		ES, WERE FIND		
	TIF					V			YES	NOT		YES [D DB
7	CER	210 ACCIDENT WAS UNDE		216 TIME OF	INJURY A. MONTH	DAY YEAR	21c HOW I	INJURY OCCURE	RED (ENTER	NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)		
X.	CAL	OR CONTRIBUTING C		P.N		19								
	MEDICAL	21d. INJURY OCCURRI		21e PLACE O	F INJURY ET, FACTORY, OFFIC	E SABAR STC 1	211 LOCAT	ION		CITY OR T	OWN	COUNTY		STATE
9	2	AT WORK AT WORK	KE 🗆	(ALTOME, STRE	ET, FACTORT, OFFIC	E, FARM, EIC J				A		1.		
74		22a.1 certify that (1) (4 9,	. 19	1, 10_	Han	1 ary	1983	, that (I) (we) last
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	I	BURIAL		1/31/8	3	Arbutu	is Mem.	Pk.	A	rbutus	5	LOUNIY		Md.

Wm. C. March F/H Inc. 1101 E. North Avenue

DHMH - 16 50M 1/81 (VRA 15, 4)

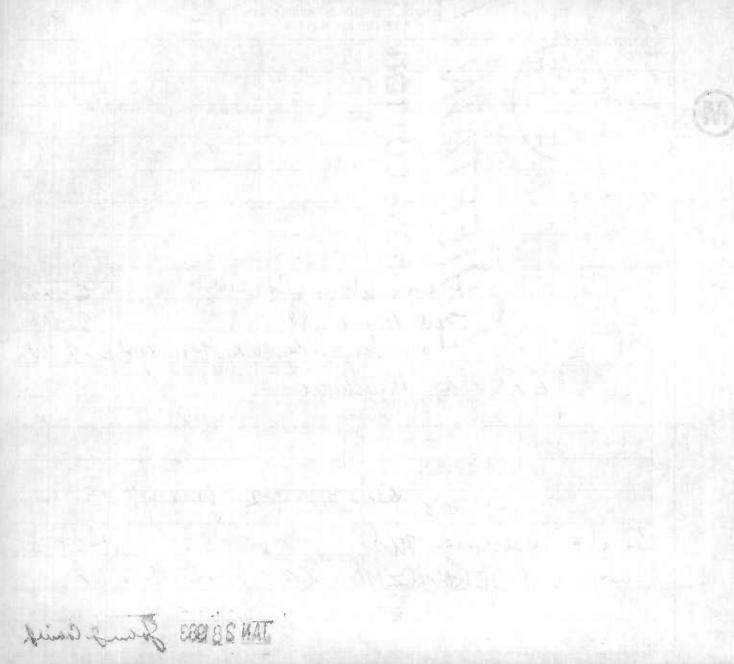
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and the difference or bondopers.

Then please remaye corbon popers.

Then please remaye corbon popers.

The first bear of Health and Mentol Hygiene prior to buriol, cremation, or removal.

MEDITANT. It is marked at them 18 shows any injury, or other traumatic event, the



STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH DAY DECEASED NAME 2b. HOUR (TYPE OR PRINT) JULIUS **PFEIFFER** FRIDAY, JAN. 14,1983 1:36 PM 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS WHITE FEB. 17, 1901 MALE 81 TO. BIRTHPLACE I STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED GERMANY IISA WIDOWED DIVORCED BALTIMORE CITY D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BALTIMORE SALESMAN **TEXTILES** SINAI HOSPITAL USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION. 130. STATE GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE YES XT 2604 WILLOW GLEN DR. (21209) NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE **JOSEF** KLARA KUNSTLER PFEIFFER 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 130-05-01544 NO MRS. EDITH LAMM 2604 WILLOW GLEN DR. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (5) (b), only PART I. DEATH WAS CAUSED BY: 3 wu. IMMEDIATE CAUSE Canditians, if ony, which

gave rise to immediate cause (o), stating the underlying cause PART 2: OTHER SIGNIFICANT CONDITIC

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TILL

190 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

edy after death.

20a AUTOPSY?

CITY OR TOWN

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 216. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM, ETC.)

19

21f. LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

22¢ DATE SIGNED

220.1 certify that (1) (this haspital) attended the deceased fram. sow the deceased alive an abave, (I) (mestate) (did nat) view the 22h SIGNATURE

7.11.40

1-4-43 and that in (my) (ear) opinion death accurred an the date and have and from the causes stated

MEDICAL

COUNTY

226. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

22e ADDRESS

ATTENDING

1/14/83 PHYSICIAN K DIRECTOR PHYSICIAN

DANTEL

BAKAL

600 REISTERSTOWN RD. BALTIMORE, MD. (21208)

23a. BURIAL, CREMATION, REMOVAL BURTAL / REMOVAL

23b DATE 1/16/83 23c. NAME OF CEMETERY OR CREMATORY CEDAR PARK BETH EL

DEGREE

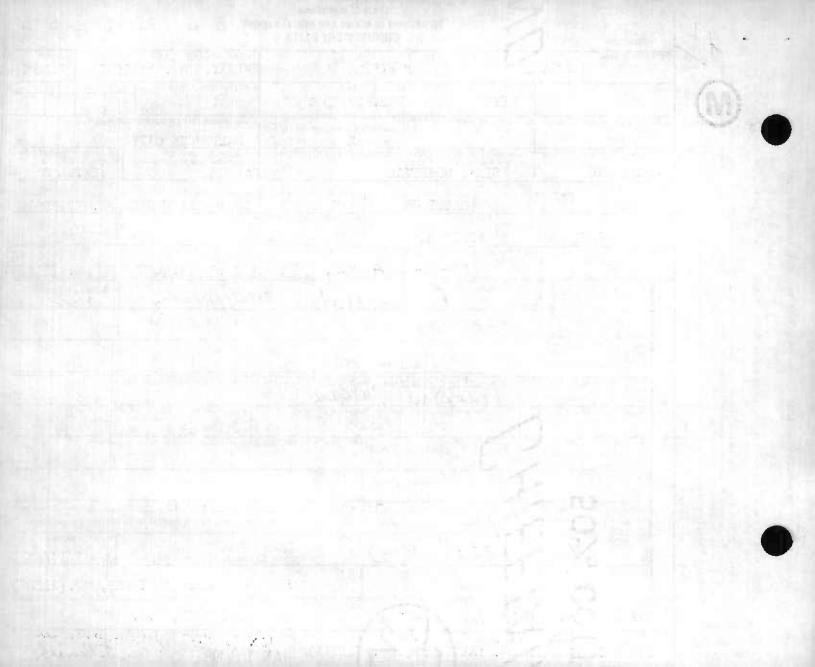
23d LOCATION

WESTWOOD, N.J. COUNTY

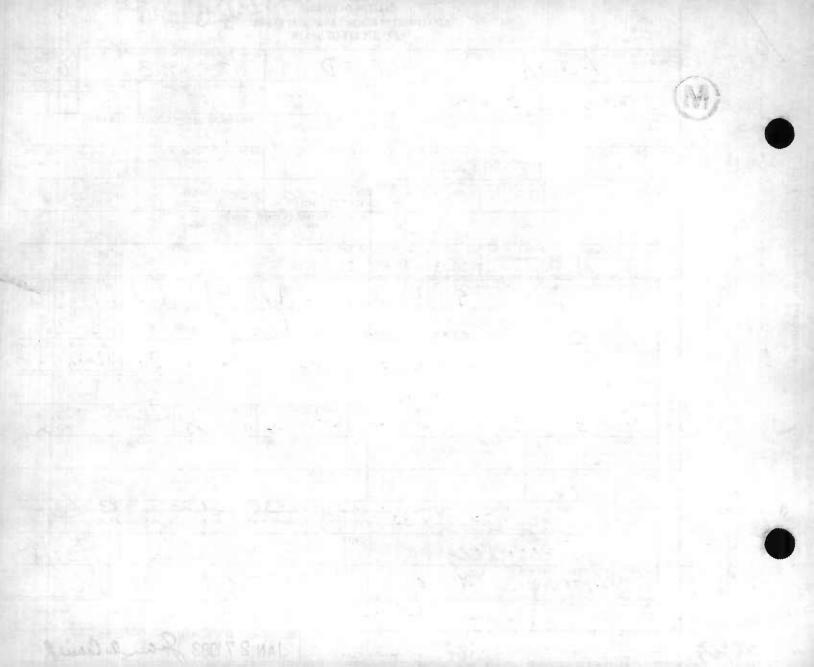
DHMH - 16 50M 4/B2 (VRA 15, 4)

24. FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1 au To Cake



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(VRA 15, 4)

Leonard J. Ruck Inc.

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

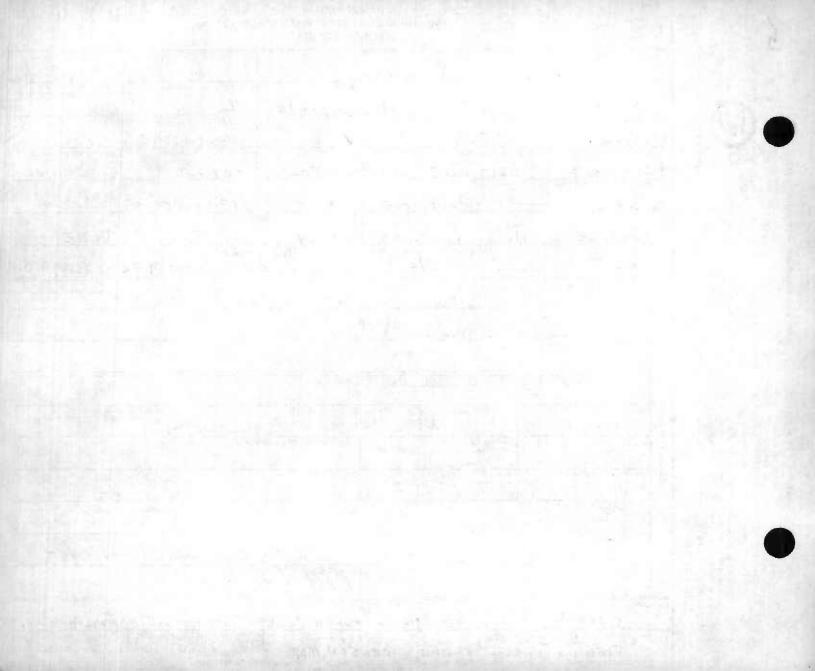
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160 W	AS DECEASED EVER I				NL SECURITY NO. 0-6515A	Mrs. Irene	Vaigro		Long G		?d.
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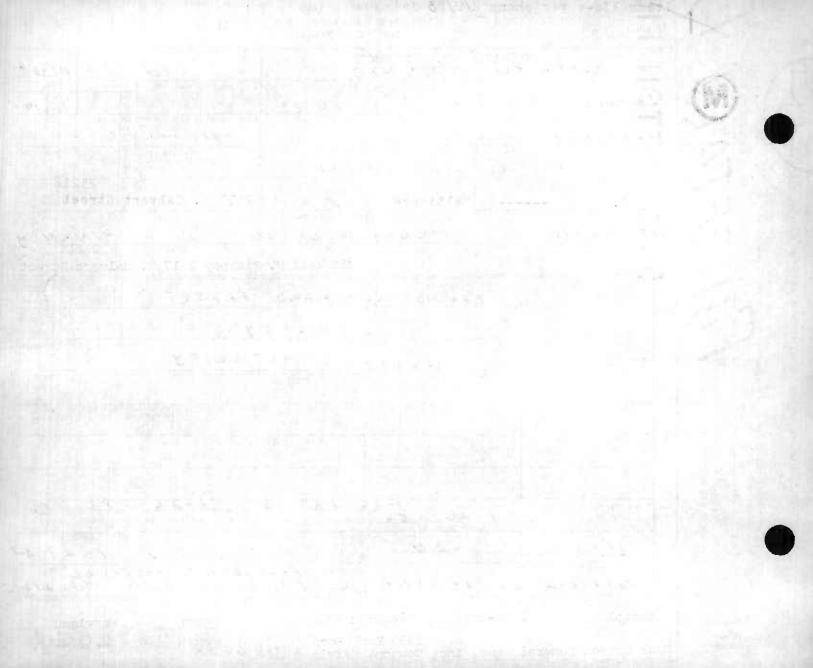
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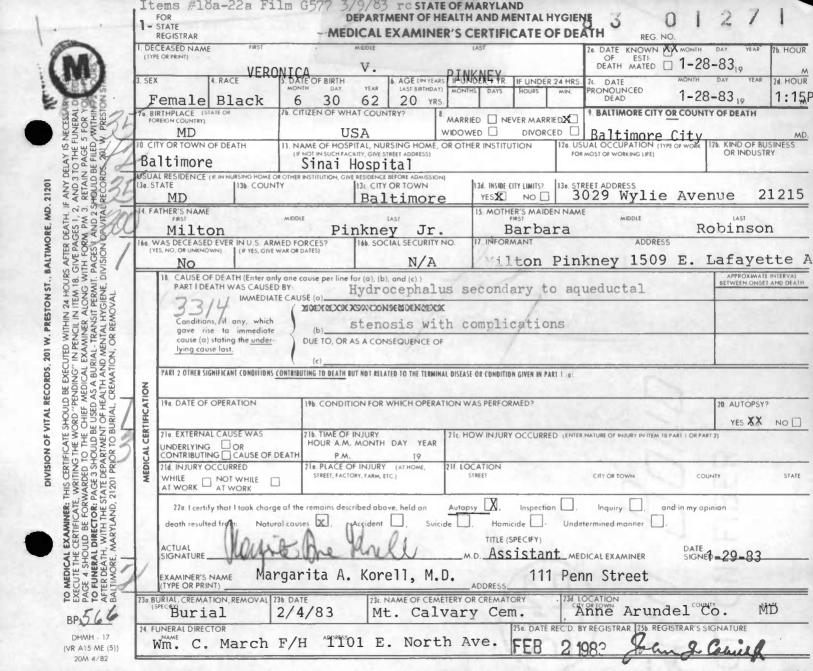
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	TO HOSPITAL OR ATTENDING PRYSICIAN. The law requires that the death certificate be executed within 24 hours afterdiscussed 4 may required by the hospital or aftending physician.	TO FUNERAL DIRECTOR After this certalcost has been signed by the attending physician and commission tilled is by the tilled signed should be detached for use as the busine from the prince remove carbon popers. Pages blood 2 should be filled with the Shire Dept. of Health and Merical Hygiene prior to buriol, cremation, or removal.
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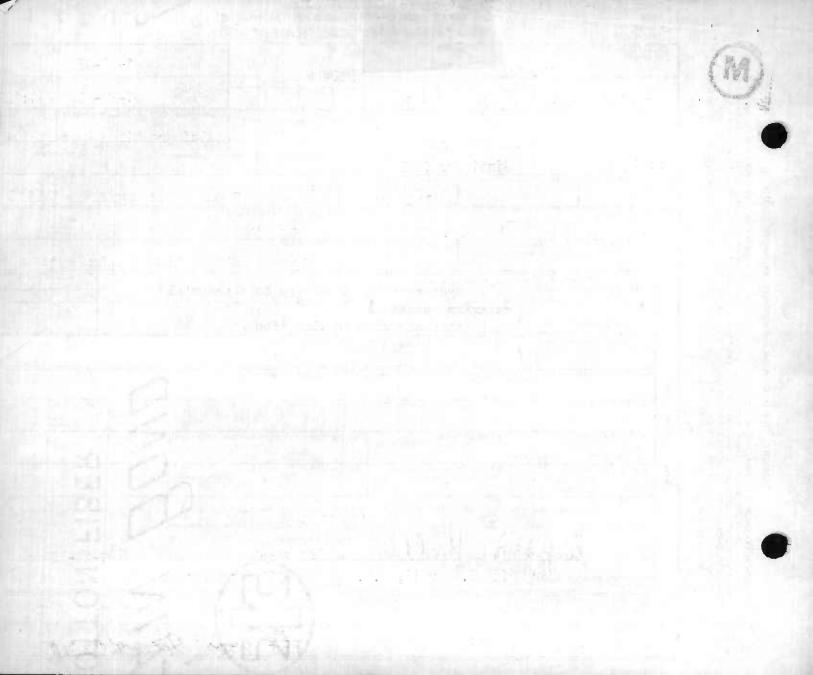
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### DECENSE OF DEATH LETTER ONLY ONE COUNTY OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PART	MARYL.	AND 136 COUNTY	134 CITY OR TOWN	13d INSIDE CITY LIMITS?	3130 FAITA	VE 212:
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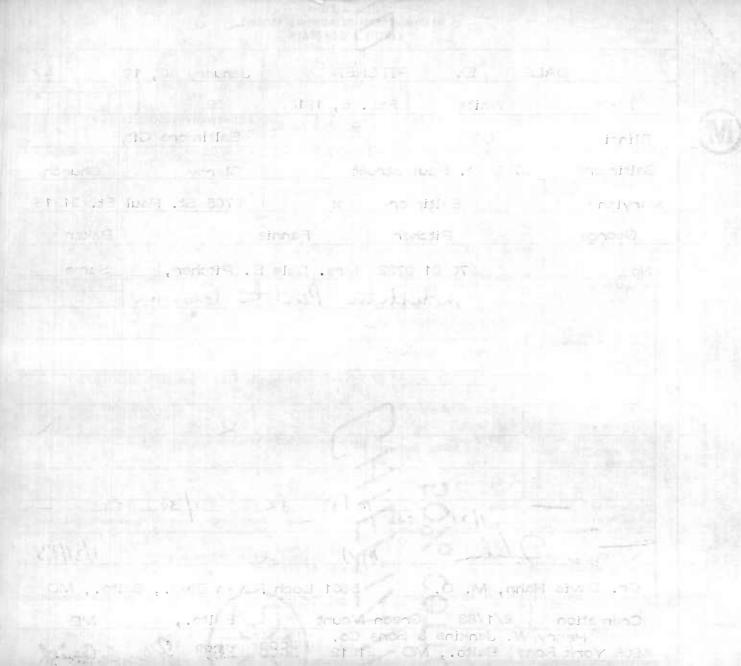
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BP	24 F	Burial UNERAL DIRECTOR	1-29-1983		nt Rest	TOWSON TE REC'D BY REGISTRAR 25 PEC	Maryland GISTRAR'S SIGNATURE
DHMH - 16 50M 1/81 (VRA 15, 4)		ck Towson Funer	al Home, Inc.	Towson,	rk koad i		and takely







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DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	UNERAL DIRECTOR Henry	W. Jenkins	& Sons	Co. 25a. DA FE		256 REGISTRAR'S SIGNATUR	



1				STATE OF MARTLAND		3 45
5		FOR STATE REGISTRAR	Market Market Bull	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	12/3
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(M)	3. SE	*Female	4. RACE White	5 DATE OF BIRTH MONTH DAY YEAR 9 2 9 9 9	6. AGE (IN YEARS LAST BIRTHDAY) 87 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
1 35 1 35	70. 8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT Baltimore. (Y OF DEATH ity MD.
iled within bell within		BALTO,	(IF NOT IN SUCH FACILITY, GIVE STREET	AGHOME OR OTHER INSTITUTION ADDRESS) ARE BENERAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	176. KIND OF BUSINESS OR INDUSTRY
should be	139	AL RESIDENCE (IF NURSING HOME OF STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N 13d INSIDE CITY LIMITS?	304 E. Randall	St. Balto. Md. 2123
30 3 JC	14, F	ather's name Unknown -	middle Gregory	15. MOTHER'S MAIDEN NA FIRST Ella	ME MIDDLE	Unknown
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r to burial, cremation, injury, or other traum	NOI	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost	DUE TO, OR AS A CONSEQU	ENCE OF DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
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h ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	PARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ached for use of Dept. of Healt If Item 21 is mo		sow the deceased alive on	itol) oftended the deceosed from 19 19	. ond that in (my) (our) opinion DEGREE	deoth occurred on the date and ha	our and from the causes stated 22c. DATE SIGNED
Z of de L	-	22d. PHYSICIAN'S NAME ITYPE	Me Carthy OR PRINT) THIN	ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	1/14/83
should be with the S	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY edan Hill Cemetery	23d LOCATION Baltimore,	count Maryland
6 50M 4/B2		uneral director of ully Funeral	Home, 130 E.F892		AN 19 1983	STRAR'S SIGNATURE

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DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	FIENE 8 3	0.	1	2	7	4
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	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE		IF UNDER	_	IF UNDER 2	
HITE	MONTH 6	29 ^{DAY} 25 ^{PAP}	57	YRS.	MONTHS	DATS	HOURS	MIN.
S.A.	MARRIEI WIDOWE		9. BALTIMORE CITY O			TH	SA.	MD.
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UTION, GIVE RESIDENCE BEFORE, 131. CITY OR TOWN Baltimore	ADMISSION)	130. INSIDE CITY LIMITS?	3330 Wilke	ens A	venue	2	1229	
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ES? 166 SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDR	ESS				
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21a. ACCIDENT WAS UNDERLYING 21b. TI HOU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21e. PL

19b. C

DUE 1

DUE T

Belo

220.1 certify that (1) (this haspital) attended the deceased from_

CERTIFICATION

FOR - STATE REGISTRAR

1. DECEASED NAME (TYPE OR PRINT)

MALE 70. BIRTHPLACE (STATE OR FOREIGN

Caroline

10 CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTIT

160 WAS DECEASED EVER IN U.S. ARMED FORCE

Conditions, if ony, which gove rise to immediate couse (a), stating the

underlying couse PART 2 OTHER

21d. INJURY OCCURRED

NOT WHILE

UNKNOWN

18 CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY:

BALTIMORE

LAE LE S NUKNOMN)

Maryland 4. FATHER'S NAME

3 SEX

FIRST

NORMAN

136 COUNTY

1952-1957

IMMEDIATE CAUSE

SIGNIFICANT CONDITION

4 RACE

76. CITIZEN

NAMI HE NOT

CAT

(AT HO

he body after death

10 · 2 5 19 (9 to 1 · / 5 19 5 -), that (1) (we) lost

saw the deceased alive and above, (I) (we) (did) (did and)

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

DIRECTOR | PHYSICIAN

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

22c. DATE SIGNED

220, PHYSICIAN'S NAME (TYPE OR PRINTIL

226. SIGNATURE

23b. DATE

1/17/83

5400 OLD COURT ROAD; RANDALLSTOWN, MD.

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 21133

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial 24. FUNERAL DIRECTOR

DEV AUJLA 230. BURIAL CREMATION, REMOVAL

ADDRESS

21229

Crownsville Crownsville Vet. Cem.

MEDICAL

A.A. Maryland

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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SERVE ABREVA MELLIS FOR		सर्वे देश		The busters	
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signed by the attending physician

carban papers. Pages

	1	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE 8	3 () 1	2	7 5
1000		ECE ASED NAME DE OR PRINT)	CHARLES	MIDDLE		CAK		20 DATE OF		03	YEAR & 3	26 HOUR
(1)	3. SE	× Male.	4 RACE WHIT	E	5. DATE C		YEAR	6 AGE (IN YE.	ARS LAST BIRTHDAY) 72 YRS	MONTHS	R T YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.
35		BIRTHPLACE (STATE OR FO COUNTRY) MARYLAND		WHAT COUNTRY?	8.	D X NEVERA	_		ECITY OR COUNTY	ITY OF DE	ATH	MD
10		BALT IMORE	F NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET AGNES	HOSP1		NOITUTION	(TYPE OF WORK	CCUPATION FOR MOST OF WORKING CUTTER	STREE IND	KIND OF OUSTRY IEAT	BUSINESS OR
35	13a M	ARYLAND	IG HOLE OR OTHER INSTITUTION. Sh. COUNTY A.A.	LINTHICE	UM	13d INSIDE CI	NO 🛣	13e STREET A	DDRESS MIDFIE	LD RO	AD	21090
21	2	ATHER'S NAME FIRST THOMA S	WIDDLE	HEIGH' POLCAK	rs		maiden nam first Z INA	ΛE	WIDDLE	Z	EDED	
e medicol		WAS DECEASED EVER IN (YES, NO OR UNKNOWN) NO	V U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	16h SOCIAL SECU 215-07-0		17 INFORMAL EVELY	N M. PO	LCAK	ADDRESS 694 N. M.			M HGTS. OAD
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ny injury, ar	ICATION	PART 2 OTHER SIGNI	FICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	NAL DISEASE	or condition (GIVEN IN F		
shows o	ERTIF	not an	plicable		OFERATION		JURY OCCURR	YES 🗌	NO K	TIFYING (CAUSES (OF DEATH?
99	MEDICAL C	OR CONTRIBUTING CA	USE OF DEATH HOUR A.	M. MONTH DA	AY YEAR 19	10	No	A	JRE OF INJURY IN ITEM I		PART 2)	
orked or	MEC	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	LAT HOME STO	DE INJURY EET, FACTORY, OFFICE F	FARM ETC)	211 LOCATIO	N .		CITY OR TOWN	CO	VINU	STATE
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± F		yenge 7	. Vellen	Skara	W		TTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	- 1	1-3	- 83

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has

etained by the haspital

should be detached for use as the buwith the State Dept. of Health and M

MPORTAN

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

EOKG 6

22d PHYSICIAN'S NAME (TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY LOUDON PARK

22e. ADDRESS

23d VOCATION BALTIMORE CITY

nes Hoystal Baltowne

MARYLAND

01-05-83 24 FUNERAL DIRECTOR 21229 ADDRESS

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

23b. DATE

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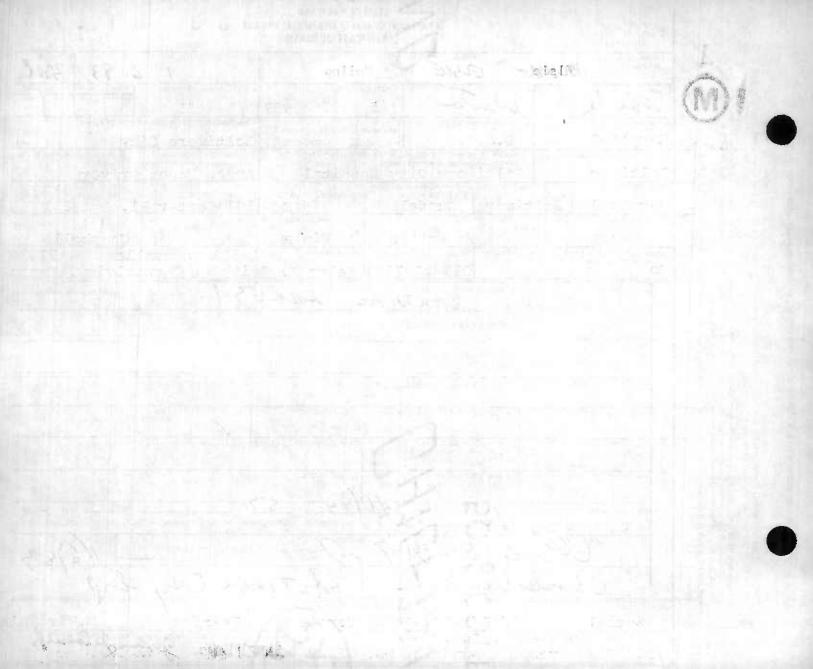
Dundalk, MD. 21222

STATE OF MARYLAND

FOR

7922 Wise Avenue

(VRA 15, 4)



requires that the death certificate be

TO HOSPITAL OR ATTENDING TO FUNERAL DIRECTOR: After etained by the hospital or

BP.

DHMH - 16 50M 4/82

(VRA 15, 4)

Wm. C. March F/H

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attending physician

signed by the

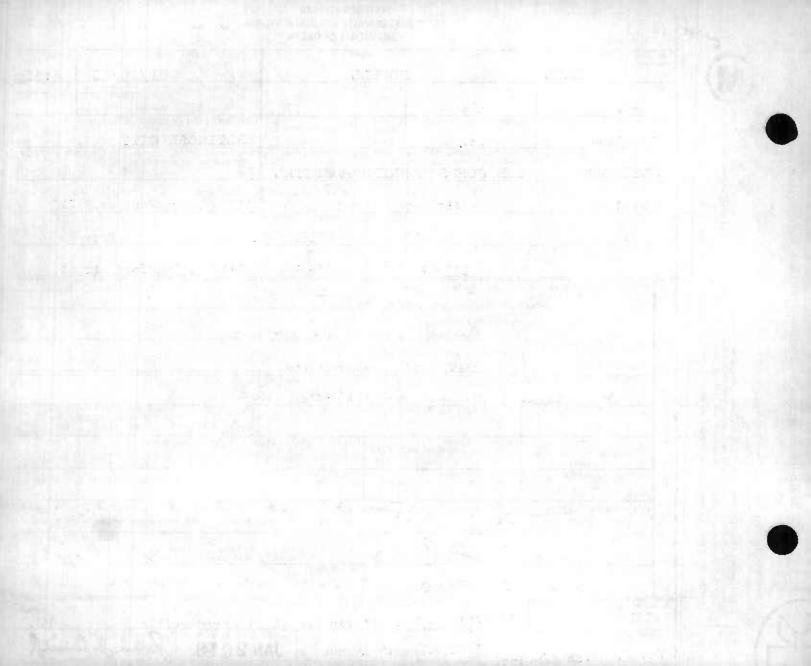
certificate has been

should be detached for use as the burial-transit permit. Then please remaye c with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

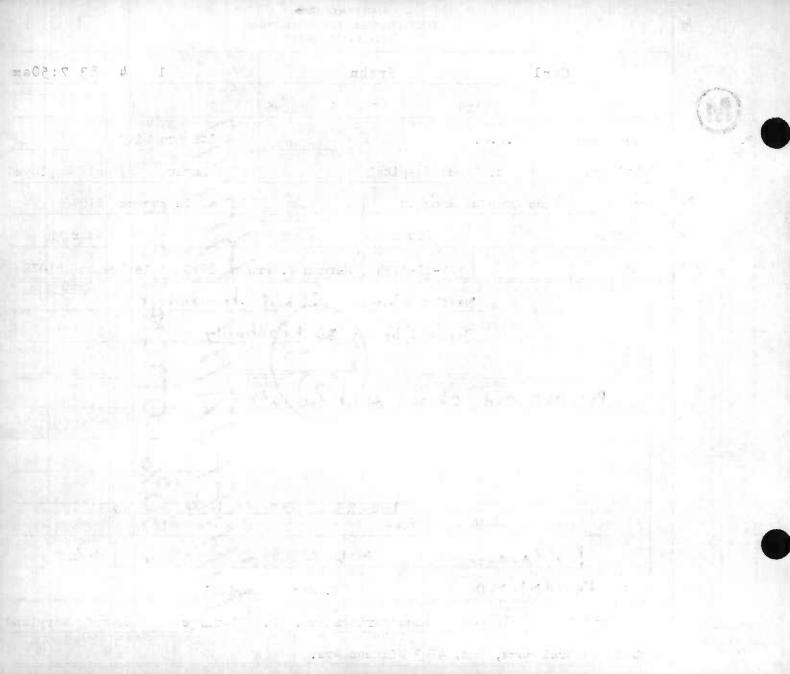
3. SEX	CEASED NAME FIRST EARL		IDDLE	LAST		REG. N 20. DATE OF DEATH		AY YEAR	2b HOUR
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e Ric		4. RACE		5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
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USUA 13a. S	TATE 1136 COL		THE RESIDENCE BEFORE		TY HAUTS?	13e. STREET ADDRESS			
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4. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S	MAIDEN NAM				
	Alfred	Jule	Powe11	Wil	liameni			Sage) 1
	AS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECUR			ADDRI	ESS		- 11
(4)	Yes Yes	SIVE WAR OR DAIES)	217-07-0	547 Roslie	Powel	1 1119 N.	Bradfo	rd Str	eet
T	18 CAUSE OF DEATH (Enter of	only one couse per l							MATE INTERVAL
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (o)	Zenindo	m arrest					
CERTIFICATION	PART 2. OTHER SIGNIFICANT	conditions co	herry +	hemorri	iz vol	NAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDI	NGS USED
SA CA	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.A	A. MONTH DAY	Y YEAR	URY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STRE	OF INJURY ET, FACTORY, OFFICE, FA	RM, ETC] 211. LOCATION	N	CITY OR TO	OWN	COUNTY	STATE
	22a.) certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did i	n 52n	8 19 8	3 ond that in (my) (. 19 <u>\$3</u> our) opinion d	eoth occurred on the d	ote and hour		that (I) (we) lo
	22b. SIGNATURE	12:	Foul	1 M.D. PI	TTENDING HYSICIAN []	MEDICAL STA		22c. DATE	SIGNED
	22d. PHYSICIAN'S NAME (TYPE		FORD	220 ADDRESS		SPKINS H	OSPIT.	AL	
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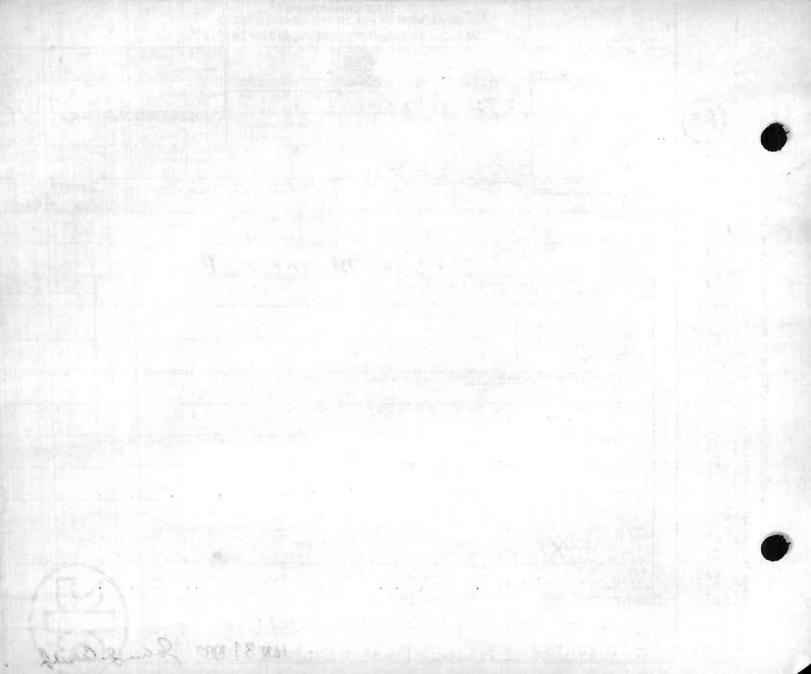
STATE OF MARYLAND

Item #23c Film G575 1/26/83 rc

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	1-	FOR STATE		HEALTH AND MENTAL HYGIE	造。3 0 1	2 5 4
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		CEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN MONTH	DAY YEAR 26 HOUR
S.S.S.		D £ serra	С.	Press	DEATH MATED	26 19 83 M
RECTOR. RECTOR. R HILES. HOURS	3 SE	MONT	E OF BIRTH H DAY YEAR LAST BIRTH	EARS IF UNDER TYR. IF UNDER 24 HR	S. Ic. DATE MONTH PRONOUNCED	DAY YEAR 8 HAPER
ARY,	1	+ Black 12	1	YRS.	DEAD	26 1983 PM
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IS EST	10 C		ME OF HOSPITAL, NURSING HON FOT IN SUCH FACILITY, GIVE STREET ADDRESS!		JSUAL OCCUPATION ITYPE OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
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AND STEP	USU	AL RESIDENCE (IF IN NURSING HOME OR OTHER II	NSTITUTION, GIVE RESIDENCE BEFORE ADMIS	SION)		21707
E, MD. 21201 ATH. IF ANY DEL S I, 2, AND 3 TO VD 2 SHOULD BE VITALRECORDS.	34.	MD	Balto		2805 GAtehi	suce Adalle
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ORE, M DEATH, NGES 1, NM PM OFVIT	00	William Middle	Johnson	LILLIAN	MIDDLE	white
TIMOR TER DE FORM ON OF	160.	WAS DECEASED EVER IN U.S. ARMED FO			ADDRESS	
	1	(IF YES, GIVE WAR ORD.	212-64	1-5731 DOVANE	Press 3721	Hilldale Kol.
URS AF WITH WITH DIVISI		18. CAUSE OF DEATH (Enter only one co	ause per line for (a) (b) and (c)	431 31111	1.1100	APPROXIMATE INTERVAL
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ITAL RECORDS, HOULD BE EXECURD, "PENDING", CHIEF MEDICAL, USED AS A BUJ OLIVIN COMMENT OF HEALTH AN	Z			The state of the s		
LEAN ME	A A	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY?
E SHOULD WORD "PE CHIEF A BE USED A BILL OF HEL	F S					YES X NO
> 8000 817	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS	TID TIME OF INJURY HOUR AND, MONTH DAY YEA	21c. HOW INJURY OCCURRED LENT	ER NATURE OF INJURY IN ITEM 18 PART I OR PAI	
RIFICATE WG THE WO TO THE SHOULD BY	3 4	UNDERLYING TAOR CONTRIBUTING CAUSE OF DEATHS				
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DIVISI CATE, WRITING CATE, WRITING FORWARDED T TOR: PAGE 3 SH	7			12003 datellouse L	n.barco.crey, Mu	•
A S S S S S S S S S S S S S S S S S S S	ON I	22a. I certify that I taak charge of the		Autopsy A. Inspection	, Inquiry L, and in my op	ninion
BE BE BE	2	death resulted from: / last ause	Accident . S		determined manner,	
EXA CERT DIRE	8	ACTUAL THEOL	1aw	TITLE (SPECIFY)	DATE	7 /07 /00
SHORTHE	ų – į	SIGNATURE		m.d. <u>Assistant</u> _m	EDICAL EXAMINER SIGNE	1/27/83
NO NO NO NO NO NO NO NO NO NO NO NO NO N	2	EXAMINER'S NAME HORME	z R. Guard, M.D.	111 Per	nn St., Balto, Md	21201
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST	¥ 22- 5	(TYPE OR PRINT) THE URIAL, CREMATION, REMOVAL 236 DATE		TAP DITE SS	LOCATION	
	230.6	SPECIFY) Q 13 10 1 A 1 2	/	ALINI AL. NE	ITY PRIOWN COUN	A 1/
BP	24 F	UNERAL DIRECTOR	1/83 MD	Naic Mem PK	BY REGISTRAR 125h_REGISTRAR'S S	MGNATURE .
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DEPARTMENT OF HEALTH AND MENTAL H

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		REG. N				1.75
20. D	ATE O	FDEATH	MONTH	DAY	YEAR	26 HOUR

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10		
DECEASED NAME	FIRST	MIDDLE	L.	A51	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
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Female	4 RACE Whi	te	5. DATE C		6. AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE (STATE OR FOR ONTO)	REIGN 76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	ALT O	0
Baltimore	H 11. NAME OF		G HOME C	DR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND C	of BUSINESS OF
SUAL RESIDENCE (IF NURSING	GHOW OR OTHER INSTITUTION COUNTY Howard		ADMISSION)	136 INSIDE CITY LIMITS? YES NO TO	9334 Mill		Ho	spital
FATHER'S NAME FIRST Pau1	WIDDIE	Kantze		IS. MOTHER'S MAIDEN NAME Kathren	MIDDLE		Misk	covitch
(YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	218-36-0		Salvatore R.	Prestiann		21 4i11br	1043 rook Rd.
PART 2. OTHER SIGNIF	diote the lost. DUE TO, C	OR AS A CONSEQUE		NOT RELATED TO THE TERM	LINAL DISEASE OR CON	IDITION GIVEN	IN PART 1:0	0
190. DATE OF OPERATION	ON 196. COND	DITION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WIN CERTIFYIN	NG CAUSES	NGS USED S OF DEATH?
210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL {IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE	JSE OF DEATH HOUR A EXAMINER) P 21e PLACE	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA	19	21c. HOW INJURY OCCURE 21f. LOCATION STREET		IRY IN ITEM 18 PART		STATE
saw the deceased obove, (#(wa) (did 22b. SIGNATURE	(did of) view the body	19		d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [MEDICAL STADIRECTOR PHYSI	FF _ /	22c DATE	
BURIAL, CREMATION, RE (SPECIFY) Burial		23c N		EMETERY OR CREMATORY Thedral Cem.	23d LOCATION Baltimor			ryland

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

shauld be detoched for use as the buriol-tronsit permit. Then please remove corbonpops with the State Dept. of Health and Mentol Hygiene prior ta buriol, cremotion, ar removal

IMPORTANT: If them 21 is morked or them 18 shows

TO FUNERAL DIRECTOR: After this certificate has been

njury, or other traumatic

Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAN 251. REGISTRAN'S SIGNATURE

0778 28 158000 Total Same PLEASURY SIE SIE MENTO THE PART OF LAND L'aren C & mig MARCHU & SLOSIA TT #525 145EE Environmental and the second for the second and the

MIDDLE

12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY ELECTRICIAN BUILDING 1122 E. 36th ST LAST SHEVITZ ADDRESS 1122 E. 36th ST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 201 East Unversity Parkway CITY OR TOWN FINKSBURG CARROLL MARYLAND BETH JACOB CEM. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

IF UNDER 24 HR

IF UNDER I YEAR

20 DATE OF DEATH

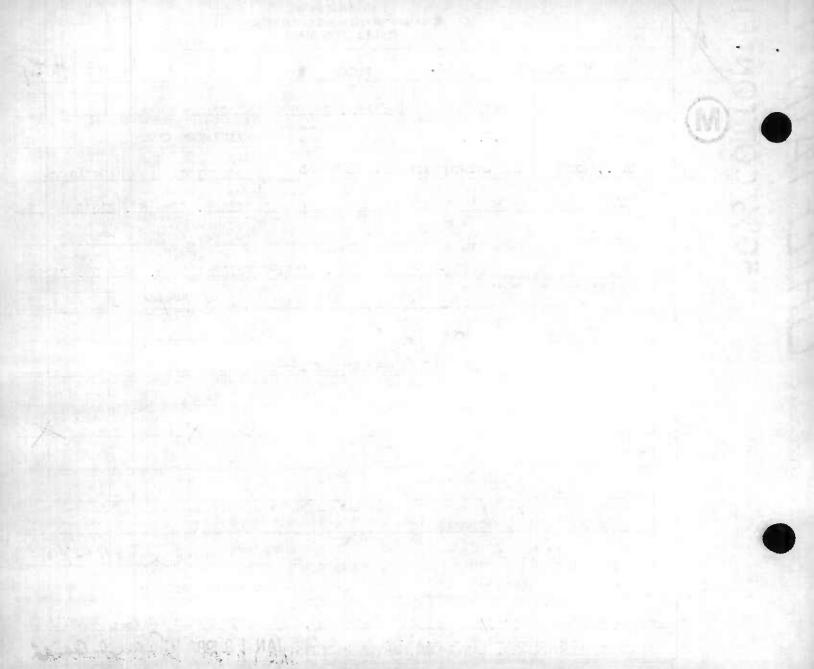
DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

TYPE OR PRINTS

REGISTRAR

DECEASED NAME



(2)			OR PRINT)	nnot	^	J	Pr	otar
E 4	director, o	3. SEX	'H	4. F	RACE (1)		S. DATE O	F BIRTH
death. Page	25 8 7		RTHPLACE (STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUNTR	Y? 8. MARRIED WIDOWEI	
ofter	by the fune	B	HIMAP	тн 11.		HOSPITAL, NURS	ING HOME O	
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MARYLAND 21201	completely filled in	M. FA	THER'S NAME	IT MIDE	DIE	LAST		15. MOTHER
BAITIMORE, MA	9-1-	1	VAS DECEASED EVER	IN U.S. ARMEI	AR OR DATES)	166. SOCIAL SE 219-01		Mrs.
ESTON ST.,	is certificate has been signed by the ottending physician and buriol-transit permit. Then please remove carbon papers. Pages Mental Hygiene prior to buriol, cremation, or removal or tem 18 shows any injury, or other traumatic event, the nedical	7	18 CAUSE OF DEAT PART I. DEATH W 4860 Conditions, if ony,	AS CAUSED B IMMEDIATE C which	Y	espuc	INTIM	rices
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CORDS, 20	been signed by rmit. Then please prior to buriol, cr ony injury, or oth	ATION	FOOD PART 2 OTHER SIGN	-Lan	bert	SUMULTION FOR WHILE	ome.	DIVEUX
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DIVISIO ING PHY	DR: After this ruse as the but Health and M is marked or	MED	21d INJURY OCCUR	RK -		EET, FACTORY, OFFIC		STREET
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TO HOSPITAL OR ATTEN	TO FUNERAL DIRECTION of the Stote Dept. With the Stote Dept.		22d. PHYSICIAN'S NA	AME LYPE OR PR	NO.			Uhilo
All All All			BURIAL, CREMATION,		23b. DATE		. NAME OF C	EMETERY OR
RD			Remost	al	1/19/8	17		

FOR

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DATS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED Balto. City NORCED 126. KIND OF BUSINESS OR 12g. USUAL OCCUPATION TITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Tilesetter Tile 21122 ITY LIMITS? NO [S MAIDEN NAME MIDDLE LAST FIRST INA ADDRESS (Same as #13.) Joan Protani APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 monthes TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED RMED IN CERTIFYING CAUSES OF DEATH? YES [NJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) ON CITY OF TOWN COUNTY STATE (our) opinion death occurred on the date and hour and from the causes stated MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 3d. LOCATION CREMATORY COUNTY STATE

24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2

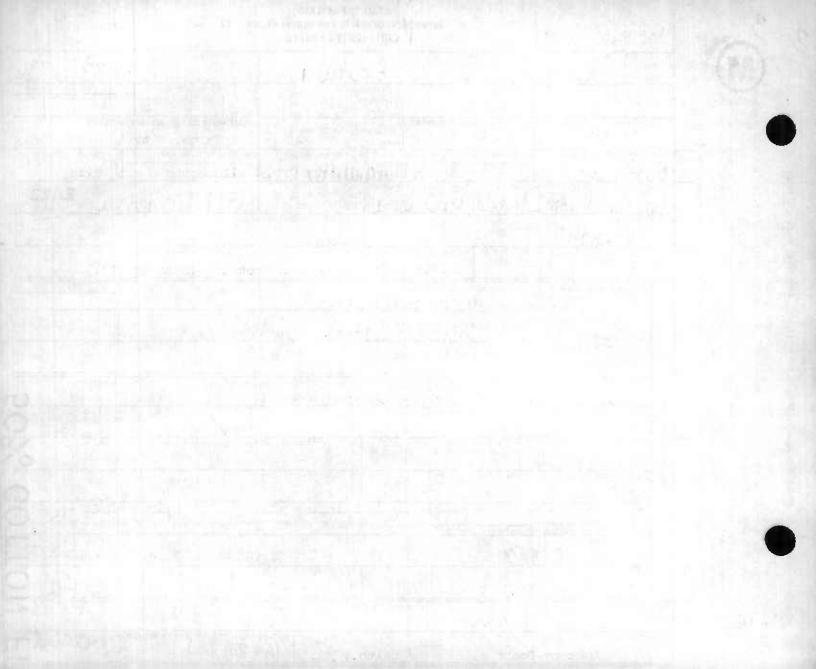
(VRA 15, 4)

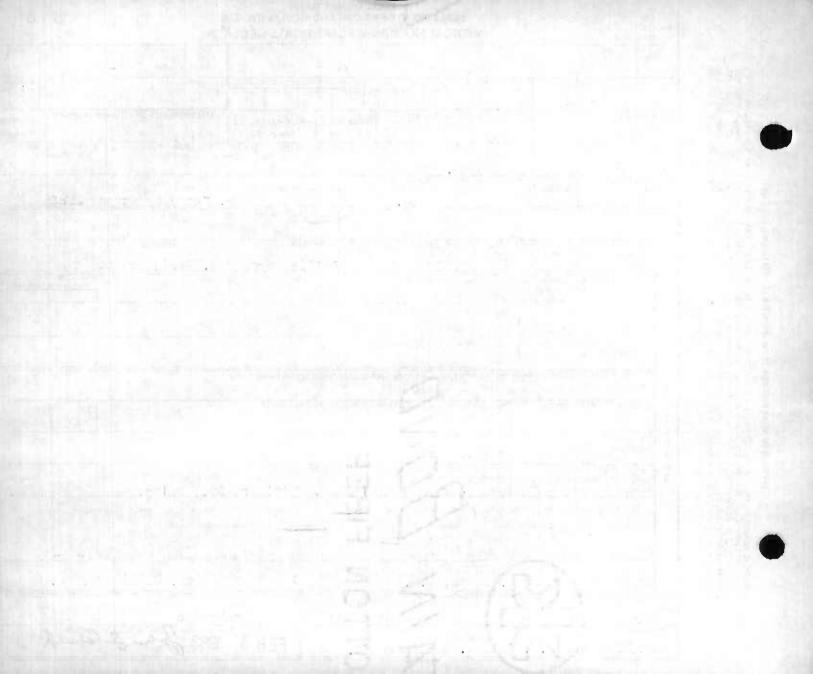
Anatomy Board

ADDRESS

Balto., Md.

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE





1								MARYLAND			1.5	,
6		11.	FOR STATE			DEPARTMENT OF	HEALTI	H AND MENTAL I	HYGIENE	0 1	2 8	/
		'-	REGISTRAR		MEI	DICAL EXAMIN	NER'S	CERTIFICATE (OF DEATH REG.	NO	-	1171
12	-	I. DE	CEASED NAME	FIRST		MIDDLE	-	LAST			DAY YEAR	2b. HOUR
10			PE OR PRINT						20 DATE KNOWN OF ESTI- DEATH MATED	4X		ILD. HOOK
	A SA	1		REES		D.	PUC	KETT, Jr.	DEATH MATED	□1-11-		M
	SPECE	3. SE	X 4.	RACE	5. DATE OF BIRTH	6. AGE (IN Y	EARS IF U			HINOW	DAY YEAR	DIM HOUR
	THE AN	M	ale C	aucasia	Dec. 18	, 1926 56	MON'	HS DAYS HOURS	MIN. PRONOUNCED DEAD	1-11-	-83 19	12:17
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,	URS AFTER D 8. GIVE PAG WITH FOR IT. PAGES 1		IB CAUSE OF D	EATH (Enter only	one couse per line	far (o), (b), and (c).)					APPROXIMAT	E INTERVAL
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5	NRDI VRIT SOI TE D	E	AT WORK	NOT WHILE	STREET, PACT	ORY, FARM, ETC.)		STREET	CITY OR TOWN	COUP	NIY	STATE
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	SH S SA S.		22a I certify t	hat I took chorge	e of the remoins des	cribed obove, held on	Autop	osy . Inspectio	on XI, Inquiry LI,	and in my opin	nion	
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	GH 4 M H S	1	EXAMINER'S NA	ME Mar	anrita A	Vorall M	D	1.1	1 Penn Street			
	TO MEDICAL EXAMINER: THIS (EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARE TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201		(TYPE OR PRINT)	Ivlar	garria A	Korell, M.	υ.	ADDRESS	I Telli Street		-	
	524548 _		URIAL, CREMATIC	N, REMOVAL 23	DATE	23c NAME OF CE	METERY C	OR CREMATORY	23d. LOCATION			
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	DHMH - 17				ADDRESS	ce, Falls	Oh	h Wo IA	N 1 7 1983	in 2	Course	7
	(VR A15 ME (5))		Capit	or rune:	tal Servi	ce, raits	Girare	no valo JA	14 1 1000 0	-0	7	
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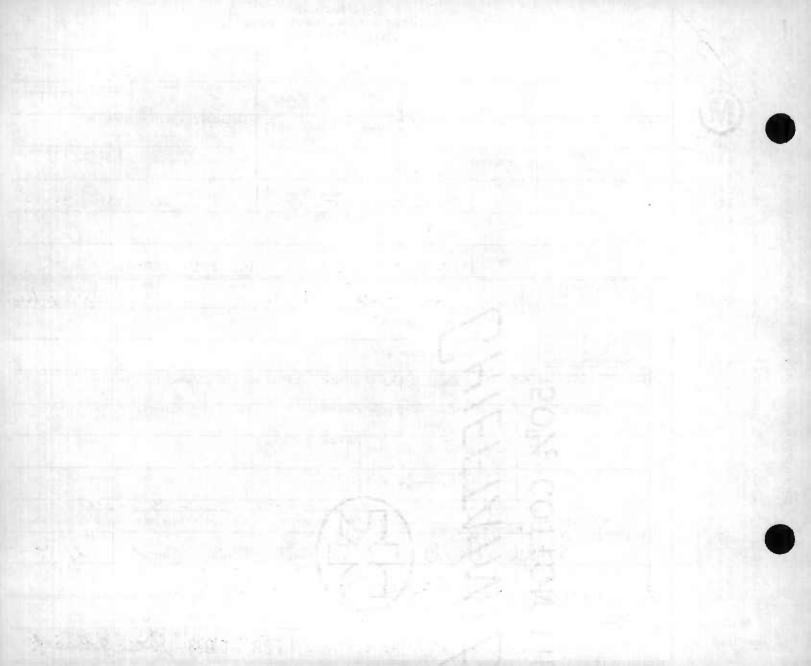
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR - STATE

(VRA 15, 4)

REGISTRAR



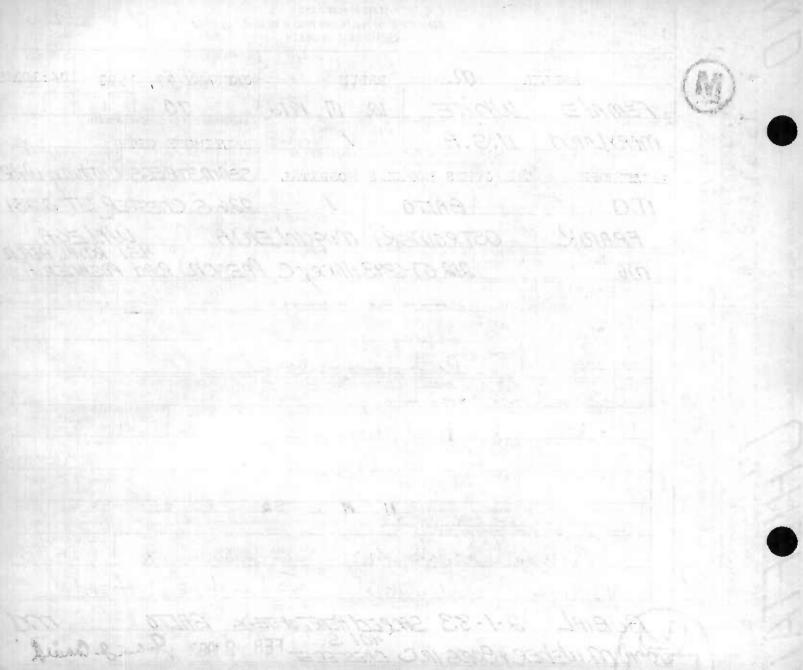
William E. Johnson8521 Loch Raven Blvd

FOR

(VRA 15, 4)

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. NO.	0 1 2 9 1
		CEASED NAME FIRST		AIDDLE	1	AST	20 DATE OF DEATH MONTH	
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	3. SE		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Male	Whit		2	15 14		RS DAYS HOURS MIN.
7	70. BI	IRTHPLACE (SATE OR FOREIGN COUNTRY) Lithuania	Lithua	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	Baltimore City or COU Baltimore Cit	
4		Baltimore	Strag	nes Hospi	ital	DR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Rectifed Tail	126 KIND OF BUSINESS OR
5	13a. S	Maryland		Give Residence Before 136. CITY OR TOWN Baltimos	N	13d INSIDE CITY LIMITS?	13°3106 ACRESley	Ave 21234
C	14 FA	ATHER'S NAME FIRST Augustinas	WIDDIE	Raguckas		Petronele		inkevicias
		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE	. ARMED FORCES? S. GIVE WAR OR DATES}	166. SOCIAL SECU 129-26-9		Mrs Angela	Raguckas	Same
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	DIATE CAUSE (o) DUE TO, OI b	RAS A CONSEQUE	NCE OF Va	equirate y scular a	anest cui dent	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF THE PROVIDENCE OF
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTHY MEDICAL EXAM	F DEATH HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	M 18 PART I ORPART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME STR	DE INJURY BET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (I) (this h saw the deceased aliv- above, (I) (we) (did) (di	e on -	19 108	3 or		to 1 - 2 o deoth occurred on the date and	that (1) (we) lost d hour and from the causes stated
		276 SIGNATURE	tien Hu	prl		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED 1-20-83
1		22d. PHYSICIAN'S NAME (1	YPE OR PRINT)	11 -	1	22e. ADDRESS	HAR TOUR	

New Cathedral

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove corbanyapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows any

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

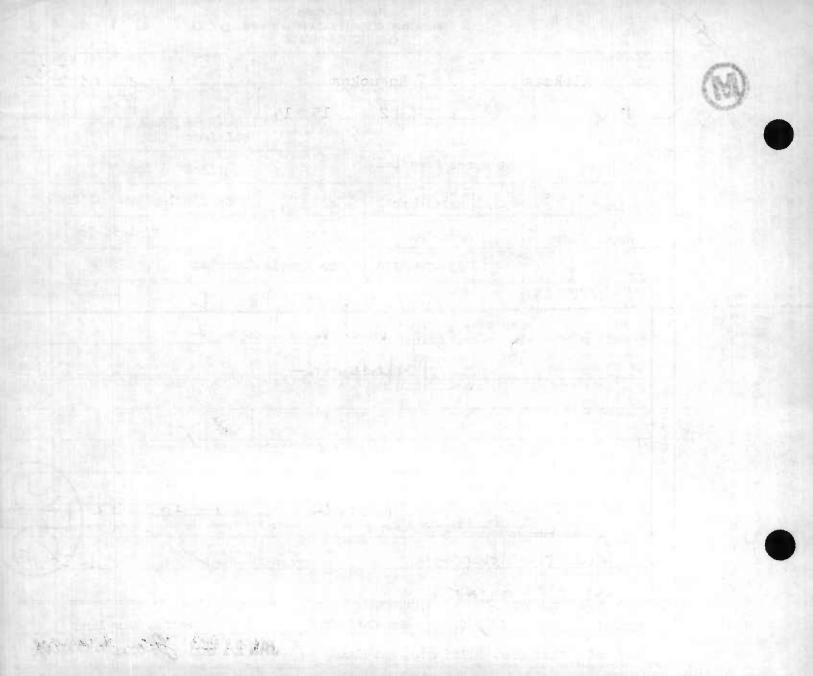
Burial

24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

1/24/83

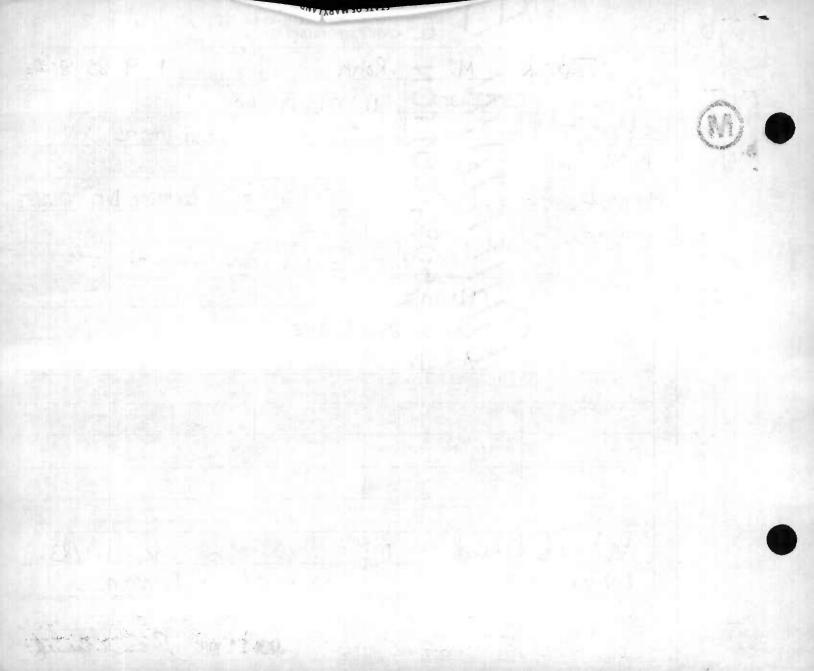
236 DATE

73d LOCATION
CITY OF TOWN
Baltimore, Maryland 231 NAME OF CEMETERY OR CREMATORY

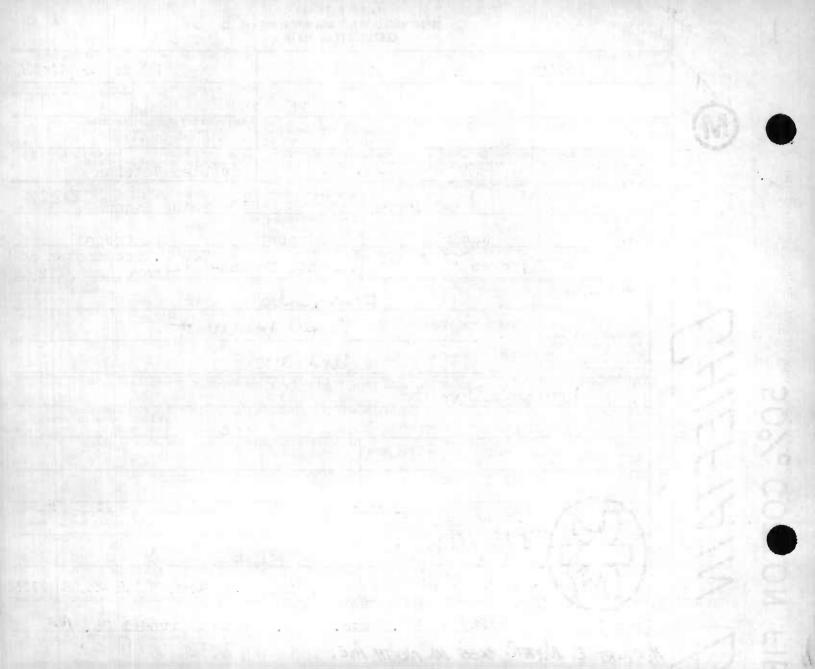


TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hour coffee at moy retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the buriel-strong permit. Then please remove corbon papers, Pages 1 and 2 should be filled.	
DIVISION OF VITAL RECORDS, 201 W. PRES ATENDING PHYSICIAN: The low requires that the de ospital or attending physician. ECTOR: After this certificate bos been signed by the attendance of on use as the burial-transit permit. Then please remove	- common
DIVISION OF VITAL RECORDS, 20 ATTENDING PHYSICIAN: The low requires sospital ar attending physician. ECTOR: After this certificate has been signed ed for use as the burial-transit permit. Then pling the purial permit in the plan plan.	-
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HOSPITAL O foined by the D FUNERAL D	Ah Ahn Chann D.

10	1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND M		GIENE 8 3 0 1 2 9 2				
oy be deo	[TYPI	CEASED NAME FIRST FROM FIRST	1	M ,	Ra	hn		20 DATE OF DEATH	MONTH DA	83	26 HOUR 8:30 AM	
	3 SE	Male		isian	5. DATE C	OT DAY	YEAR	68		UNDER I YEAR	IF UNDER 24 HRS.	
(M)5.	4	RTHPLACE (STATE OR FOREIGN COUNTRY) Indiana	USA	WHAT COUNTRY?	8. MARRIEI WIDOWE	D DIV	ARRIED 🗌	9 BALTIMORE CITY S	e City MD			
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be execut	160 \	VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN] (IF YES, GI	RMED FORCES?	355-07-4		17. INFORMAN Ethel A	∏ Balti Rahn	more, ADDR 3634 Loche	ess MD arn Dr.	2120	07	
equires that the death certifical signed by the attending phy. Then please remave corbon por to buriol, cremotion, or remonity, or other troumatic event	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: LIMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN										MATE INTERVAL ONSEL AND DEATH	
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ITAL OR he he he RAL DIRE to the detache state Dep		Degree MD ATTENDING MEDICAL STAFF 1/9/83								183		
TO HOSPITAL (TO FUNERAL I Should be deto with the State [IMPORTANT: If		Deboran (TYPE)	Ward			Sina	i Hosy		Baltim	ore		
BP		Burial, Cremation, removal Specify Burial	23b. DATE 1-12-8			EMETERY OR CR		23d LOCATION CITY OR TOWN	rg Cai	rroll	MD STATE	
DHMH - 16 50M 1/B1 (VRA 15, 4)		JNERAL DIRECTOR Lorin 728 Liberty Rd.	g Byers Randa	Funeral l llstown, l	Direc Md 2	tors,Ind 1133	2 750 DATE	N 1 1 198	25h GISTRA	R'S SIGNATI	thick	



1 p	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 C	1293					
75	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR					
oy be	WIL	LIAM R.	RANDALL		26 83 11:30A _M					
E	MALE	4. RACE BLACK	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 56 YRS	MONTHS DAYS HOURS MIN.					
B398.4	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT		9. BALTIMORE CITY OR COUN BALTIMORE C	TY OF DEATH					
s offer do	10. CITY OR TOWN OF DEATH BALTIMORE	VAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION ENDORSELVD. BALTO MD	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING Disabled Ver	12b. KIND OF BUSINESS OR INDUSTRY					
AND 2120 1.24 hours filled in by could be it	USUAL RESIDENCE (IF NURSING HON 130. STATE 136, CO	E OR OTHER INSTITUTION, GIVE RESIDENCE B DUNTY 130. CITY OR T Balt	own 13d. Inside city limits? YES 1 NO 1	130 STREET ADDRESS 4108 Maine Av	Z1297					
MARYLA mpletely is and 2 sho	14 FATHER'S NAME FIRST James	MIDDLE Randall	15. MOTHER'S MAIDEN NA FIRST Elizabet	WIDDLE	Cross					
IMORE, In ond con Pages	160 WAS DECEASED EVER IN U.S. YESSOOR UNKNOWN!		ECHRITZ HO. 17. INFORMANT	ADDRESS	Woodington Rd					
ST., BALT rithcate b physicia pnpapers. emaval.	PART I. DEATH WAS CA	r anly one cause per line far (a), (b USED BY: DIATE CAUSE (a)	and icil Brody cardio	λ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
ON S h ce h ce carba aric	4210	DUE TO, OR AS A CONSEQUENCE OF ROSPINATION ONEST								
by the ose rei	gover rise to immediate cause (a), stating the underlying cause last.		QUENCE OF Unanau	n						
necon planting y, a		NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION O	EVEN IN PART Trai					
NRECORDS, the low required to the low required to the low required to the low required to the low some prior to the low some sony injury.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WE	ICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \)					
ON OF VITAL R IYSICIAN: The I ding physician. Is certificate has burial-transit pe Mental Hygiene An IB shaws	OR CONTRIBUTION C CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM I	8. PART I OR PART 2)					
/ISIG	(IF EITHER NOTIFY MEDICAL EXAM 21d. NJURY OCCURRED WHILE AT WORK AT WORK	218. PLACE OF INJURY (AT HOME: STREET, FACTORY, OF	211 LOCATION	CITY OR TOWN	COUNTY STATE					
n de A e D	22a. certify that (X(this h	aspital) attended the deceased from January 26	om <u>December 78</u> 19 <u>87</u> 9 <u>83</u> , and that in 16 % (aur) apinion	to January 26 death accurred on the dote and h	, 19 <u>83</u> , that (X (we) last our and from the causes stated					
AL OR ATTEN 7 the hospital AL DIRECTOR. detached for ur for the Dept. of Hem 11; if Hem 21 is	226. SIGNATURE									
TO HOSPITAL TO FUNERAL should be deto with the Store	THE PHYSICAN NAME (T	RER MD	270 ADDRESS 3900 Loch	Raven Blud. Bal	Ctimore, Md 21218					
	230 BURIAL, CREMATION, REMO		23E. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY A STATE					
BP	Burial 24 FUNERAL DIRECTOR	1/26/83	Md. Vets. Ceme.	Anne Arund TE REC'D. BY REGISTRAR 256. REG	el Co MD.					
DHMH - 16 50M 4/82 (VRA 15, 4)		TER- 3035 W.	NORTH AVE.	AN 281983	Since a solution of the control of t					



Ø	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$ 3 0 1 2 9 4 CERTIFICATE OF DEATH REG. NO.								
, ,		CEASED NAME FIRST		WIDDLE	· ·	AST	20. DATE OF DEATH	MONTH DAY YE.	AR 26 HOUR		
9 0		CARN				DOLPH	January 2	3, 1983	3 5:00 p		
Her o	3. SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS		
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	7g/8	RTHPLACE ISTATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUN	TRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	н			
-TNO		New Jersey		USA WIDOW		DIVORCED	Baltimore City				
rs offer by He fulled	/	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 4544 Schenley Road			NOITUTITER INSTITUTION	126 USUAL OCCUPATION 126 KIND OF BUSINES: (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Teacher- Bryn Mawr Sc				
filled in pool be	130.	AL RESIDENCE (IF NURSING HOME STATE 136 CO Maryland		113c CITY OF		13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 4544 Sch	nenley Rd	21210		
RYL Athir	14 F	ATHER'S NAME	MEDDLE	LAS	7	15 MOTHER'S MAIDEN NA	ME		1241		
MAI wed we		Alexander	Т.		ntos	Mary	0.	L	ong		
MORE,		WAS DECEASED EVER IN U.S	ARMED FORCES? GIVE WAR OR DATES)		SECURITY NO.	17 INFORMANT	ADDRE				
Poe es		No		220 4	4 1868	Charles Bu	chanan, E	Balto., M			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the death physician on the certificate has been signed by the ottending physician and completely filled in both the burial-transit permit. Then please remove corbon papers. Pages rand 2 should be fill than Amental Hygiene prior to burial, cremation, or removal. Outlook them 18 stress on withing, or other traumatic event, the medical axion net miss both or them.		18 CAUSE OF DEATH (Enter PART). DEATH WAS CAU	only one couse pe SED BY. IATE CAUSE (o)	r line for	litrice	elas febr	ulleen	BETV	PROXIMATE INTERVAL WEEN ONSET AND DEATH		
TON orth conding conf.		777	DUE TO, C	R AS A GON	SEQUENCE OF	MODOL	Disease		CKMAA		
RES dec de de de de de de de de de de de de de		Conditions, if ony, which gove rise to immediate	(b)	(0)	NUWU	1 NEW IT	DUCCELLE		70001		
that the that the ease release relation of cremination of the contract of the		cause (a), stating the underlying cause lost.	DUE TO, C	R AS A CONS	SEQUENCE OF						
RDS, 2C	NO	part 2. Other significan	T CONDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	ST 1101		
RECOR	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FI	USES OF DEATH?		
ITAL Sicio Sicio Oste h misit	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES THE RY IN ITEM 18, PART 1 OR PAR	NO 🗌		
PHYSICIAN: T PHYSICIAN: T PHYSICIAN: T this certificole the buriol-tronsi and Mental Hygi d or Item 18 st		OR CONTRIBUTING CAUSE OF	DEATH		DAY YEAR						
ding ding Men Men	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED		.M. OF INJURY	19	211 LOCATION					
DING PHY or ottendi	¥	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, C	FFICE, FARM, ETC.)	STREET	CITY OR TOV	NN COUNT	Y STATE		
DIVING NDING of a control of cont		220 I certify that (I) (this ha	spital attended th	deceosed f	rom 0.JO	u/3 19 69	10 1/23	19 0	that (I) Me) lost		
TTEN priol CTOR for us of He		sow the deceased plive obove, (I) (we) (did			301	nd that in (my) (que) opinion	deoth occurred on the d	ote and hour and from			
L OR A the hor L DIREC troched e Dept.		22b. SIGNATURE	200 3	77.	h 6	DEGREE ATTENDING	MEDICAL STA		DATE SIGNED		
HOSPITAL ned by th FUNERAL side be determine State ORTANT: It		22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	100		220. ADDRESS	_ NECTOR _ PHISIC	IAN	1 1 1		
TO HOSPITAL retoined by the TO FUNERAL should be determined with the Stote		Dr. William	F. Fr	itz, N		2 W. Unive		y., Balto	., MD		
T F F Z X Z *	1	BURIAL, CREMATION, REMOV.	AL 23b. DATE	Ues	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE		
BP		Cremation		4/83		n Mount	Balto.		MD		
DHMH - 16 50M 1/76 (VR A 15 (4))	24. F	uneral director Henr 1905 York Ro		enkiņs. Ito.,		1212 Co. 250 DAT	REC'D. BY REGISTRAR N 25 1983	251 REGISTRAR'S SIG	Cathery		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.
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X	- ST	OR ATE GISTRAR			DEPAR	TMENT OF H	E OF MARYLAND BEALTH AND MENTAL HY ICATE OF DEATH		REG. NO.	1 0	2. 9 5
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_	3 SEX			RACE	raul	5. DATE C		6. AGE INY	ARS LAST BIRTHDAY)	IF UNDER 1 Y	1º AN
		N	ale		Whi	te Mong	F BIRTH 27 - 62		20 YR	MONTHS D	AYS HOURS MIN,
14	COUR	PLACE (STATE (_	b. CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	9. BALTIMO	RECITY OR COU	TY OF DEAT	Н
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20	IO. CITY	OR TOWN OF D			HOSPITAL, NURS CH FACILITY, GIVE STREE		OR OTHER INSTITUTION		FOR MOST OF WORKIN		ID OF BUSINESS OR TRY
2	1	Baltin			versity		ital	St	ident		
75	USUAL R	ESIDENCE (IF N	135 COUNT	THER INSTITUTION	13c. CITY OR TO		134. INSIDE CITY LIMITS?	130. STREET	DDRESS		21237
1	Md		Balt	timore	Balt	imore	YES NO		1 Rosew	rick A	ve.
123	14 FATHI	ER'S NAME FIRST		IDDLE	LAST		15. MOTHER'S MAIDEN N		MIDDLE	77.2	LAST
16		incent	J	-	Ravenis		Rosema	rie	ADDRESS	F-1.	origlio
0		DECEASED EV	ER IN U.S. ARM	WAR OR DATES)	166 SOCIAL SEC		17. INFORMANT	955.			same
		10			219-90	-9648	Vincent R	avenıs	(fathe		address
	18	CAUSE OF DE	ATH (Enter anly	ane cause per	r line far (a), (b), o	/	1 +			138 W	PROXIMATE INTERVAL FEN ONSET AND DEATH
	- 1	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Respiratory Arrest									
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		onditions, if o		(b)_	Unk	now	1				
1	C	ause (a), sta		DUE TO, O	R AS A CONSEO	UENCE OF					
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/1	FIC	DATE OF OFE	1014	170 COND	THOR TOR TIME	OI EKATIO	THE THE STERN OWNERS	YES M		RTIFYING CAL	SES OF DEATH?
	E ZI	, ACCIDENT WAS	UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCU			YES	
71	- 01	CONTRIBUTING	CAUSE OF DEAT	HOUR A	HTMOM .M.	DAY YEAR		Ar .			
	\sim	IF EITHER, NOTIFY M			M. OF INJURY	19	211. LOCATION				
- 1		HILE NOT	WHILE	(AT HOME, ST	REET, FACTORY, OFFICE	FARM, ETC }	STREET		CITY OR TOWN	COUNT	Y STATE
- 1			WORK	I) - Abo - do d Ab		1	111-18110	A.,	1/19/8	2-10	, that (I) (we) los
	120		ased alive an_	arrended in	ne deceased from		nd that in (my) (aur) apinia	death accurre	d on the date and	haur and from	
	22	abave, (I) (we b. SIGNATURE) (did) (did nat)	view the bady	after death.		DEGREE				ATE SIGNED
		, JIOITATORE	Dunk	1) ,	Date		MAN ATTENDING	MEDICAL	STAFF	/ 1	14/80
\dashv	22	PHYSICIAN'S	NAME ITYPE OR	PRINT	rais		PHYSICIAN 1226, ADDRESS	DIRECTOR	PHYSICIAN	-	119
1		1	AVID	Pt	477		UNIV	EKSM	4 409	P. P.	Ho Ma
4	22- 0110	(A) CREALATIO	N DEMOVIE	1221 0 475	100	NAMEOFO	EMETERY OR CREMATORY		TION	100	(1)
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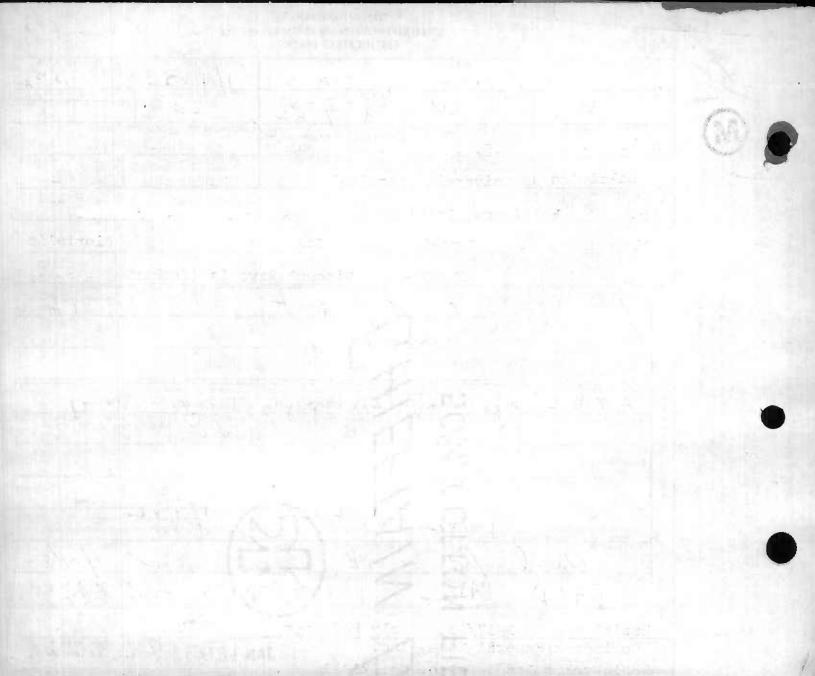
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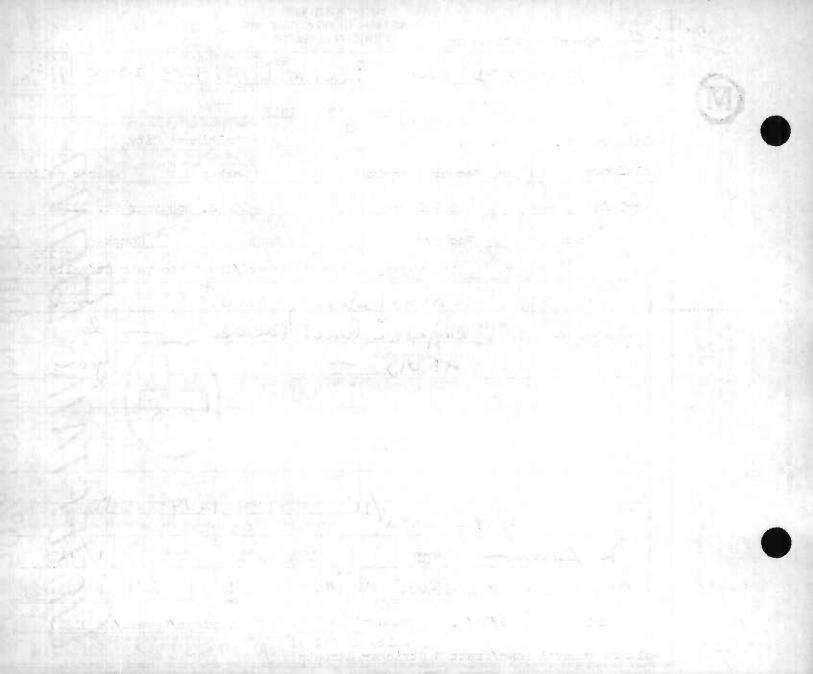
14. FUNESCHIMUNEK Funeral Home

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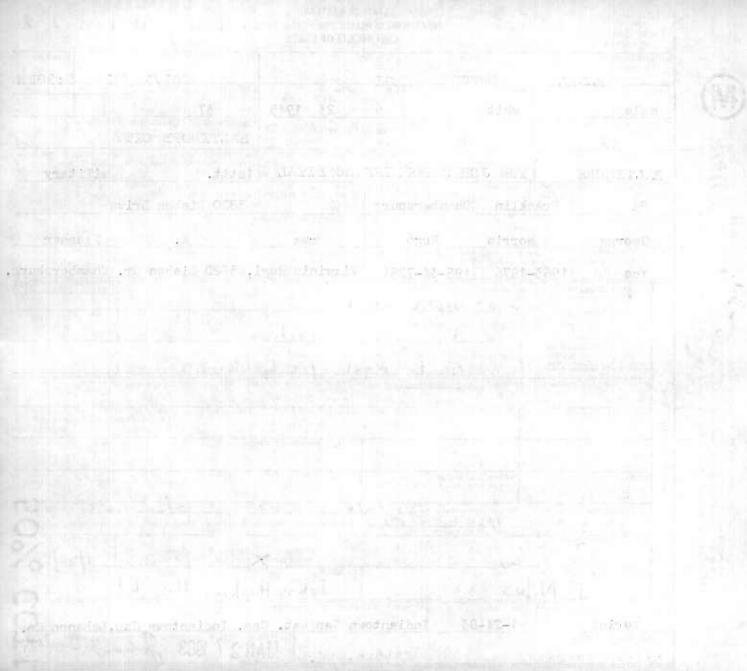
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+ 8	FOR 1 - STATE REGISTRAR			DEPARTMENT	OF HEALTH		ITAL HYGIEN	OT U	O EG. NO.	2	98
(M)	T. DECEASED NAME (TYPE OR PRINT)	FIRST), CC	WILLIA	M	REED		2a. DATE KNO OF EST DEATH MAT	WN XX MON	1H DAY Y	EAR 2b. HOUR
N STREET		CHAR RACE White	S. DATE OF BIRTH	YEAR LAST	(IN YEARS IF U!	NDER 1 YR. IF	UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONT	30-83	YEAR 2d HOUR 5:21A
CESSAR NERAL D FOR YO WITHIN 7 PRESTO	70. BIRTHPLACE (STA	TE OR	76. CITIZEN OF W	HAT COUNTRY?	1 1	IED NEVER	R MARRIED []	9. BALTIMORE	CITY OR COU		H M
ELAY IS NE TO THE FULL OF SECONDS	Virginia 10. CITY OR TOWN O Baltimo	re	1036 (PITAL, NURSING CRITY, GIVE STREET AND QUANTE 1.1	HOME, OR OTH		N 12a US	SUAL OCCUPATION MOST OF WORKING L	N (TYPE OF WOR	or INC	of Business at 1
ANY DEL FANY DEL CAND 3 TO RECORDS PHOCKUD 8F PHOCKUD 8F PHOCKUD 8F	USUAL RESIDENCE (1)	13b. COUN		13c CITY OR TO Balti	WN		NO []	reet address L036 Qu	antri	_	-
MANAGES OF THE WAS A STATE OF TH	14 FATHER'S NAME FIRST Willia		MIDDLE	Reed		Luc		MIDDLE		McV	'ey
RS AFTER DE CAVE PAGE VITH FORM PAGES 1 A DIVISION OF	160 WAS DECEASED (YES, NO, OR UNKNOW YES	N) I (IF YES, GIVE	MED FORCES? WAR OR DATES)	230-46		Marie	e Reed	(wife)	same	addre	ss
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO PUNERAL DIRECTOR: PAFIER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2	ACTUAL SIGNATURE_	AME Notur	e of the remains devolute of causes XX.	Accident ,	Suicide _	TITLE (SPEC	cify) tant mer	Inquiry		re NED 1-30-	-83
BAFTER BATTER	(TYPE OR PRIN' 23a. BURIAL, CREMATI (SPECIFY) Buri	ON, REMOVAL 2	2/2/83			RCREMATORY Le Vet	23d. L	enn Stree OCATION YOR LOWN Crowns		Md.	STATE
DHMH - 17 (VR A1S ME (S)) 20M 4/82	²⁴ S C PAL NIEST 3331 E	æk Fun Frehms	eral Hor Lane, Ba	ne, Inc. alto. Mo		13	FEB 1	1983 A	HEGISTRAN	2.00	uf.

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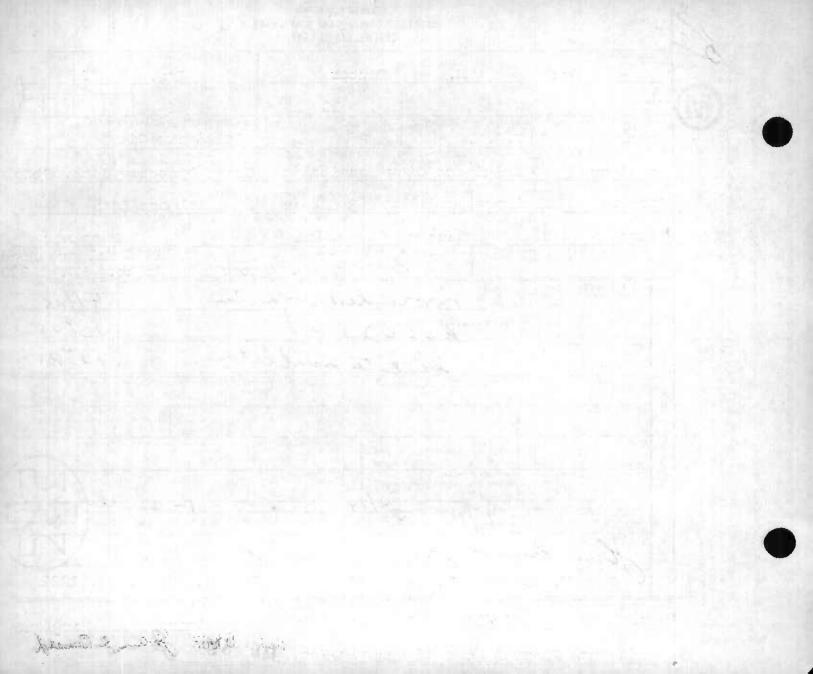
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH 26 HOUR DECEASED NAME MIDDLE TYPE OR PRINTS George /20/83 5 - 30 PM ROMAT.D REGI 4 RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX MONTH VEAR 1945 male white BALTIMORE CITY OR COUNTY OF DEATH INTERPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED BALTIMORE CITY USA DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE JOHNS HOPKINS HOSPITAL 1stLt. military RALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3820 Lisbon Drive PA Franklin Chambersburg YES (X) NOF 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE FIRST Flasher George Norris Regi Erma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) I IF YES. GIVE WAR OR DATES) Virginia Regi, 3820 Lisbon Dr. Chambersburg, 1963-1976 Yes BETWEEN ONSET AND DEATE 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES NO [211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 1/20 abave, (1) (well (did) (did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 226 SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN ld be of the Sto 224 PHYSICIAN'S NAME TYPE OF PRINTS 22e ADDRESS IMPORT/ 23c. NAME OF CEMETERY OR CREMATORY 23e BURIAL, CREMATION, REMOVAL 23b DATE 1-24-83 Indiantown Gap Nat. Cem. Indiantown Gap. Lebanon Co. burial 24. FUNERAL DIRECTOR HMH- 16 50M 4/82 Reisterstown, Md. Funeral Home (VRA 15, 4)



	1			STATE OF MARYLAND	9 / 0	1 7 0 0
21	11	FOR STATE	DEPAR	CERTIFICATE OF DEATH	GIENE & S	1 3 0 0
		REGISTRAR			REG. NO.	
m.f		CEASED NAME FIRST	MIDDLE	0 - T2 4 - 0		DAY YEAR 26 HOUR
oge dead		MATTH		KETZKER	12	9 83 845pm
a d'a	3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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deort deort	1	EW YORK	USA	WIDOWED DIVORCED	BALTIMORE	CITY MD.
o) the fine on the fine on the fine of the	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS OR
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RYLAND 2120 within 24 hours tely filled in by 12 should be fill mine must be no	USU 130.	AL RESIDENCE (IF NURSING I DATE OF	ROTHER INSTITUTION GIVE RESIDENCE BEFO		13. STREET ADDRESS	#21204
NN 24 24 ON BILL SALE			LTIMORE TOWSON	YES EXX NO	8415 BELLOI	UA LANE ART 208
tely 2 sh	14. F	ATHER'S NAME		15. MOTHER'S MAIDEN NA	AME	
MAR y and a sed of 3	3	MICHAEL	RETZKER	DORA	WIDDIE	GOLDBERG
- 0	160	WAS DECEASED EVER IN U.S. AI		URITY NO. 17. INFORMANT MI	RS. LILLIANNED. RE	
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ifico ohys		PART I. DEATH WAS CAUS	ED BY:	cer Pancreas		3 months
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201 W es that ned by please urial, cr		DANCE OF USE CICALIFICATION	(c)			
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir of other this certificate has been signs of the buriol-tronsit permit. Then the and Mental Hygiene prior to be orked or them 18 shows any injury orked or them 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	TIBL CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
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PHY tending the bund Med or	MEC	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY
DIV Protection		AT WORK - AT WORK		11/100	1/201	
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2007		Obove, H (We) (did) (MIA	ti view the body after death.		death accurred an the date and hou	
OR AI DOIREC DOIREC Ocched I If Hem If Hem		226. SIGNATURE	m	DEGREE ATTENDING	MEDICAL STAFF _	22c. DATE SIGNED
RAL det	1			PHYSICIAN	DIRECTOR PHYSICIAN	1129/03.
HOSPITAL med by if FUNERAL uld be det or the Stote		224 PHYSICIAN'S NAME (TYPE		220 ADDRESS	of soring Ren	ad Md21002
TO HOSPITAL retoined by the TO FuneRal should be determined with the Stote MMPORTANT:		1 Alla AN	·TUN	2110		7.4121093
± 6 + × , ₹	23o.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		(SPECHY CREMATION		OUDON PARK	BALTIMORE	MARY LAND
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR SOL I	EVINSON & BROS.	, INC. 250 DA	TE REC'D. BY REGISTRAR 256 REGIST	RAPIS SIGNATURE
(VRA 15, 4)	6	010 REISTERSTOW	N RD. BALTO	MD 21215 FEB	1 1983 John	7

Experience grant Principle

Duda-Ruck Funeral Home of Dundalk, Inc.



	1 -	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLA EALTH AND N ICATE OF D	ENTAL HYG		NO.)	3	0	2
		CEASED NAME OR PRINT)	FIRST SAMUE		MIDDLE		NOLDS .	Sr.	20 DATE OF DEATH	1 MONTH	17	YEAR	2b HOU	IR M
2	3 SE	Male RIHPLACE (STATE OR)		Blac		5. DATE O		YEAR 12.	6. AGE (INYEARS LAST	YRS		DAYS	IF UNDER HOURS	24 HRS MIN.
		N. C.					D NEVER M	ORCED	Balto. City					MD.
1	Balto. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2915 Grantley Ave. DESUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) [136. STATE								(TYPE OF WORK FOR MO Retir	ST OF WORKING	SLIFE) INDI	KIND OF JSTRY	BUSINE	SSOR
1	13a. S	Md.	13b COUNT				YES	NO 🗌	13e STREET ADDRES 2915 Gra	ntley	Ave.	2	احالا	5
0	John Fergurson Reynolds Lillian Davis							Davis	200		LAST			
1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT Samuel								Reynolds,	Jr ₂₉	15 G	cant	ley	Ave
		Conditions, if any, gave rise to impercure call states and underlying course	nediate ig the	CAY - 10, 01	ACAPLULE	NCE OF	teratifi Mori	is Ru	losvery	Jipa Eugn	Beie	000		
	ATION	PART 2. OTHER SIGN HELPER 190. DATE OF OPERAT	SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERATION 196. CONDITION FOR WHICH OPERATION						INAL DISEASE OR CO		GIVEN IN P			
	CERTIFICATION					OFERATIO			YES NO	IN CER	TIFYING C	AUSES (OF DEAT	H?
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		220.1 certify that (1) sow the decease above, (1) (we) (c	ed olive on_		19	, or		, 19 our) opinion o	, to deoth occurred on the	dote and h	, 19		not (I) (v	
		22b. SIGNATURE	8	, la	anete	W-17	PI	TENDING HYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN	220	DATE S	IGNED !	3
	22. 0	22d PHYSICIAN'S NA	AME (TYPEDRI	. A	UETE M	1-10	220 ADDRESS 2100	algore	on Park	Die	in p	ils	2/2	3/1

Arbutus Mem Park

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is

Burial

Law Funeral Heme 4611 Park Heights Ave.

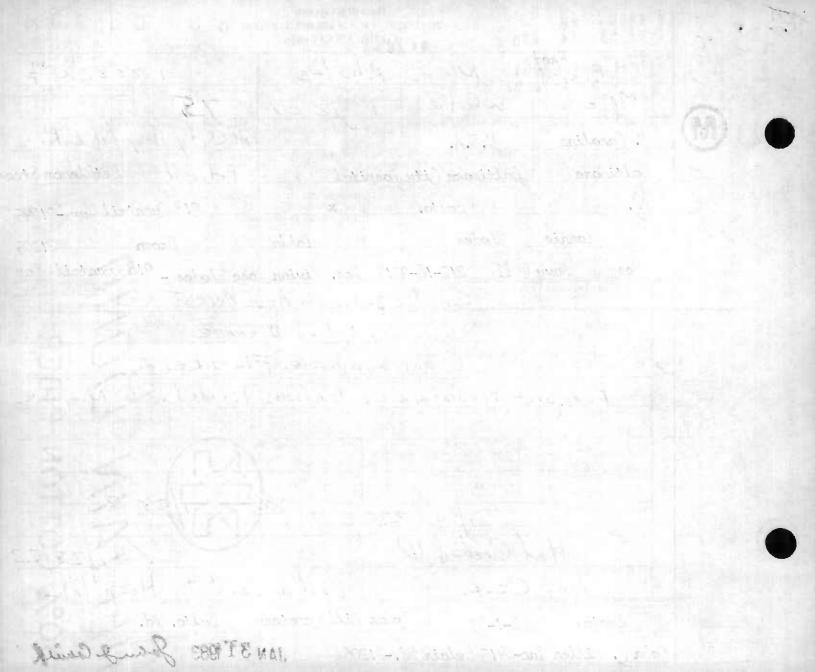
1/22/83

JAN 2 4 1983

Baltimore, Md

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e m =		CEASED NAME FIRST WILL	MIDDLE	Α.	RHOT		2a. DATE OF DEATH	MONTH DAY	83	26 HOUR 6:00 a
d so	2.00						ACE AND SECURE			
4 (1)	3. SE	Male	Cauc.		5. DATE O	/12/18 YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	NDER 1 YEAR	IF UNDER 24 HE
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filled in hould be	13a.	AL RESIDENCE (IF NURSING TO COU STATE Md.	NTY. 13c. C	SIDENCE BEFORE A CITY OR TOWN Balto.		YES 🔀 NO 🗌	13e. STREET ADDRESS 3032 Kesv	rick Rd.	. 210	211
mpletely ond 2 sh	14. F.	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA/	ME MIDDLE		t AS1	
n ond co Poges 1			IVE WAR OR DATES!	26 18 6		17. INFORMANT Kathlene Rh	ADDRE	same		
equires that the death certific in signed by the ottending ph. Then please remove corbon pr. to buriol, cremation, or remoinjury, or other troumotic ever	NO	PART 1. DEATH WAS CAUS 1. 289 IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT PAGE UMBON	DUE TO, OR AS A (c) CONDITIONS CONTRI	CONSEQUENT RESPINE	ICE OF	In re	INAL DISEASE OR CONI	DITION GIVEN I	IN PART 1(o	
The low recicion. te hos been sit permit. I giene prior shows ony ii	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION	FOR WHICH C	PERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	
3 PHYSICIAN: other certifics the buriol-tro ond Mentol Hy ked or Item 18	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK A WORK	HOUR A.M.	JURY	19	216. HOW INJURY OCCURR 216. LOCATION STREET	RED (ENTER NATURE OF INJUR		OR PART 2)	STATE
R ATTEN hospitol RECTOR: red for us ipt. of He		22a: I certify that ♠ (this hasp sow the deceased alive a above, ♠ (we) (did) (did w 22b: SIGNAIU);	ot) view the body ofter	3 19 8	<u>3</u> , one	M BER 10 19 82 I that in () (our) opinion of EGREE ATTENDING	. to JUNUAR death occurred on the da	te and hour an		
HOSPII ned b uld be orthe St		22d. PHYSICIAN'S NAME TYN	ORPRINT) PPER W	-D		PHYSICIAN C 220 ADDRESS 3900 Loch Ro	DIRECTOR PHYSIC	IAN 🗌	Nd 212	218
Of of Shape	23a.	BURIAL, CREMATION, REMOVA			AME OF CE	METERY OR CREMATORY	23d. LOCATION		YINU	STATE
BP		Burial Burial	1/8/83		Hur	ds Cemetery	Gate (lity. Va	a.	
DHMH - 16 50M 4/B2	129. P	UNERAL DIRECTOR	th 3rd 36	7 PORESS		256. DAT	N 1 3 1983	REGISTRAR	2 Cal	JRE



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AND THE PERSON NAMED IN COLUMN TO THE the Colored Co the same of the sa

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 2b HOUR TYPE OR PRINT K. Richards Lucu 3 SEX 4 RACE LIN YEARS LAST BIRTHD AV IF UNDER 1 YEAR White Female 10 I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsulvaria Baltimore (WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR Baltimore INDUSTRY Johns Hopkins Hospital At Home Houseork RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13b COUNTY 13d INSIDE CITY LIMITS? Manuland Duncan Street 21231 NO FATHER'S NAME MIDDLE Krehel Anna 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATES! Henry B. Reed 519 S. Duncan Street 2123 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20m AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO [21m ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET COUNTY STATE NOT WHILE AT WORK AT WORK 22a. I certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 77h SIGNATURE DEGREE 22c. DATE SIGNED EDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME (TIPE OF PRINT) 22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

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MPORTANT

230 BURIAL, CREMATION, REMOVAL

Burial

nto

S. Zeiler & Son Inc. 6224 Eastern

236 DATE

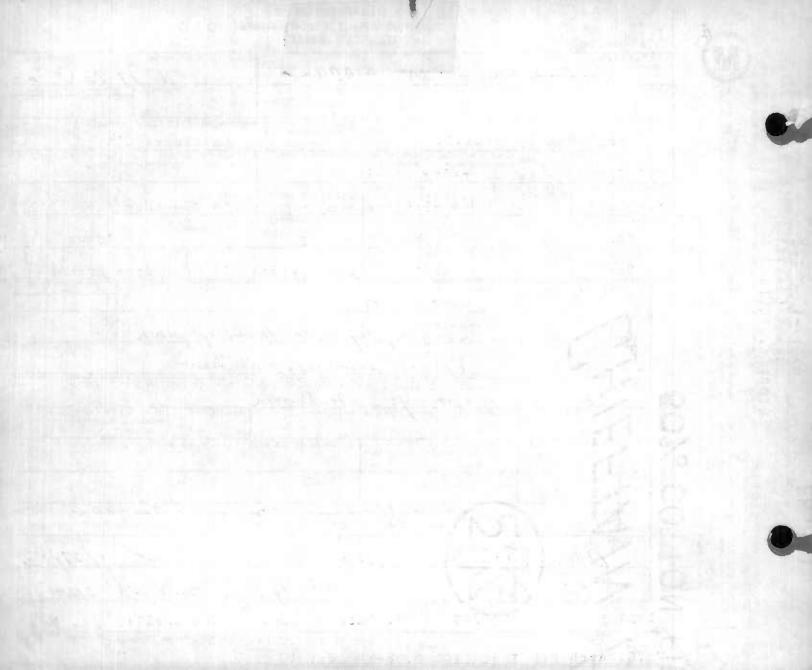
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Sacred Heart (emeter

23d LOCATION

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6	1	FOR STATE REGISTRAR		DEPARTM	ENT OF HE	OF MARTLAND ALTH AND MENT CATE OF DEAT		8 3 REG. N	0	1	301
(M)	(TYP	CEASED NAME FIRST PORTE	* LILLIE		R	DOICK		DATE OF DEATH	MONTH DAY	1 83	26. HOUR 630 A M
rector. purs offer	3. SE	F	4 RACE	3	5. DATE OF	DAY Y	4		8 YRS.	UNDER TYEAR	
death. Po	3	IRTHPLACE (STATE OR FOREIGN COUNTRY). Virginia	76. CITIZEN OF WH	. A .	WIDOWED		ED [Baltin			MD.
s ofter des	В	altimore	Univer	sity H	ospit	OTHER INSTITUTI	ION 12a.	USUAL OCCUPAT PE OF WORK FOR MOST		126. KIND (INDUSTRY	OF BUSINESS OR
ARYLAND 2120 within 24 hours before the property of 2 should be file omined must be to	13a.	AL RESIDENCE (IF NURSING HOM STATE 136/CC	OUNTY 130	E RESIDENCE BEFORE CITY OR TOWN Balti	v 1	13d. INSIDE CITY LI		STREET ADDRESS 836 Edm	iondsor	n Ave	21201
25 E 0 34	14. F	ATHER'S NAME FIRST Sandy	WIDDLE	Stephe		15. MOTHER'S MAI	DEN NAME	WIDDLE		Jone	AST 2 S
IMORE be execut an ond co		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) Yes	ARMED FORCES? 168	N/A	RITY NO.	Joe Rid	ldick	836 Edm		n Ave	enue
ESTON ST. BAL death certificate thenging physicia to carbon paper fion, or removal.		Conditions, if any, which	DUE TO, OR A	e far 10), (b), and in Kno	NCE OF	y with	thro	mbocytop	penia	APPRO: BETWEEN	DIMATE INTERVAL N ONSET AND DEATH
S, 201 W. FR	7	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR A	S A CONSEQUE	pu	lmonary OT RELATED TO T		Cection LDISEASE OR COM	IDITION GIVEN	IN PART 1	la:
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requirer of the restriction of the burd-transit permit. Then the and Mental Hygiene prior to barked or them 18 shows ony injury or the prior to barked or them 18 shows ony injury.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITUE			WAS PERFORMED		100 AUTOPSY?	YES	NG CAUSE:	S OF DEATH?
HYSICIAN: TH HYSICIAN: Th dung physicion his certificate burnal-transit J Mental Hygie or Hem 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAM 210. INJURY OCCURRED	DEATH HOUR A.M. INER) P.M. 21e. PLACE OF	MONTH DA	Y YEAR	216. HOW INJURY	OCCURRED	(ENTER NATURE OF INJU		COUNTY	SIATE
DIVISATIONS Prital or other than the or other than the filteral hand is marked.	¥	while NOT WHILE TAT WORK 22a.1 certify that (I) (this has saw the deceased alive	aspital) attended the d	19_	1/2	8 19		tath occurred an the d	29 , 19	83	, that (I) (we) last
PITAL OR AT by the hosp ERAL DIRECT se detoched to State Dept. a		abave, (I) (we) (did) (did) 22b. SIGNATURE DAVID	Porr	er death.		EGREE ATTEN	DING _ M	EDICAL STA	AFF _		29/83
TO HOSPITAL of retoined by the TO FUNERAL I should be deto with the Store I IMPORTANT. If		274 PHYSICIAN'S NAME IT	Photo	4		Vniversi	ity Ho	sp. Bai	1/o. Ma	1 21	1201
BP		BURIAL, CREMATION, REMOVE BURIAL	2/4/8			metery or crem.			sville		Nd A
DHMH - 16 50M 4/82 (VRA 15, 4)		uneral director m.C.March F	/h Inc. 1	ADDRESS	North	Ave.	250. DATE RE	CIS. BY PEGGISAR	256. PEGISTRA	B. S. S. S. W.	HORE



23¢ NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

23d. LOCATION

6 1983

JAN

250. DATE REC'D. BY REGISTRAR 266, REGISTRAR'S SIGNATURE

Brooklyn Pk., A.A.Co., Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

230. BURIAL CREMATION, REMOVAL

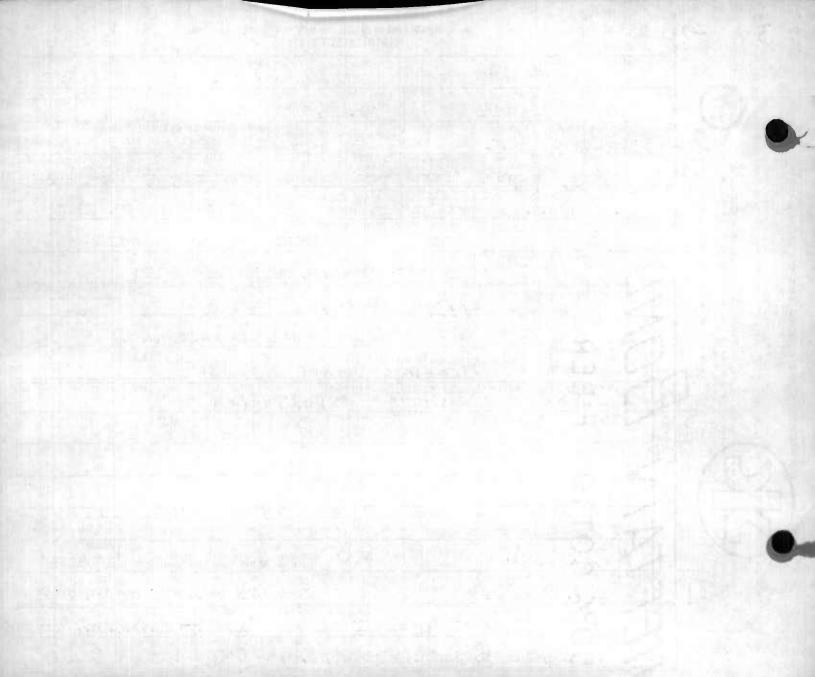
24 FUNERAL DIRECTOR

Burial

23b. DATE

1/7/1983

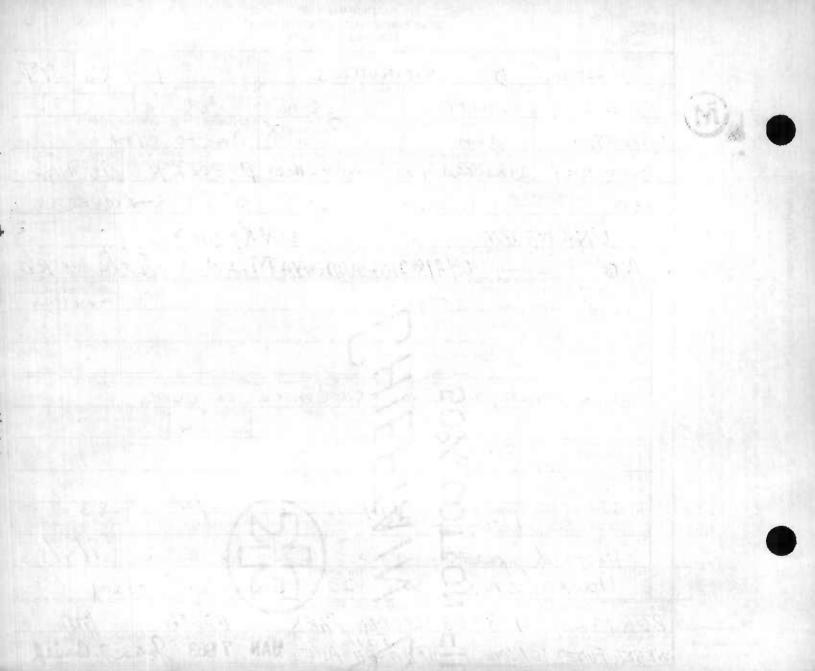
George J. Gonce, 4001 Ritchie Hg., Baltimore, Md.



(VRA 15, 4)

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			STATE OF MARTLAND	76)	
1	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HY		0131
1		WIDDLE		REG. NO.	
	PE OR PRINT)		1 AST	20. DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
	CHOT	D RIN	AVICIUS		4 83 93
3. 5	EX	4 RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHD	
13	MACE	WHITE	MONTH DAY YEAR	8-6	YRS. MONTHS DAYS HOURS IN
70.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR C	
217,	COUNTRY)	1.00	MARRIED NEVER MARRIED	Barra	0.24
144	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	WIDOWED - DIVORCED D	120. USUAL OCCUPATION	12b. KIND OF BUSINESS
20		/ IE NOT IN SLICH EACH ITY GIVE STREET AD	noessi .		ORKING LIFE) INDUSTRY
20	BALTO CITY		ASOM CONTRAINS	FRESSE!	K CHOTHIIYG
	UAL RESIDENCE HE NURSING HOME. STATE 138	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A UNITY 136. CITY OR TOWN	(I 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	2/223
35	MO	- RALTO.	YES NO	307 3.	STRICKER ST
14.	ATHER'S NAME		15. MOTHER'S MAIDEN NA		
DC:	FIRST	MIDDLE LAST	FIRST () A	EKNATIPN	LAST
160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECUR	TY NO. 17. INFORMANT	ADDRESS	104
16a		SIVE WAR OR DATES!	160 010000KAT	MILAIC.	BU - DAINE P
	yrue	0731812	ILLA-VALY CATA	11/12/201	DHERAINE M
eveni, me	18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b), and			BETWEEN ONSET AND DE
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) SEPS1	<u> </u>		~24 1+RS
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	Conditions, if ony, which	(b)	CE OI		
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	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN	CEOF		
	DART O CTUENCIONES	(c)			
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	1 cm dire	196. CONDITION FOR WHICH O		ER OF LUN	
7 3	198. DATE OF OPERATION	198. CONDITION FOR WHICH C	PERATION WAS PERFORMED		Db. IF YES, WERE FINDINGS USED NCERTIFYING CAUSES OF DEATH
CERTIFIED CONTRIBUTION OF THE PROPERTY OF THE				YES NOT	YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		YEAR 216. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN	LITEM 18 PART I OR PART 2)
CAL CAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	/LBID	19		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OF TOWN	COUNTY STA
MED	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FAR	M. ETC.)	4	314
		pital) attended the deceased from	1/4 1983	10 1/4	, 19 83 that (1) (we
			3_, and that in (my) (our) opinion	death occurred on the date	
4	obove, (I) (we) (did) (did i 22b. SIGNATURE	not) view the body after death.	DEGREE		22c. DATE/SIGNED
	THE OTHER PROPERTY.	10	A A TO ATTENDING	MEDICAL STAFF	1/1/0
	011		PHYSICIAN	DIRECTOR PHYSICIAN	11 718
	Howard	The second	Total Commence		
	22d. PHYSICIAN'S NAME (TYPE	The second	22e. ADDRESS	0-	
	220. PHÝSICIAN'S NAME (TYPE TOWAR	The second	220. ADDRESS 22 S. G	eene ST	2/201
	1-1	OR 1 23b. DATE 23c. NA	220. ADDRESS 22 S. G. ME OF CEMETERY OR CREMATORY	eene ST	
	Itowar	OR 1 23b. DATE 23c. NA	0 225.60	23d. LOCATION BALLOTTO	2/201 COUNTY MD STAI
- 4	Itowar	COR DOBS MAL 23b. DATE 23c. NA	D 22 S. GO ME OF CEMETERY OR CREMATORY PON PARK 250 DA	23d. LOCATION A A CONTROL TE REC'D. BY REGISTRAR 256	COUNTY M.D. STA



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FOR D

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	3	0	1	7	1
				~	
	REG NO				

	REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	1 0 000
	Benjamin	Benjamin E. Male 4. RACE White White White White White White White Whate Ritc	hie	01/13/	183 759 PM	
	3. SEX Male		5. DATE O		6 AGE (2011A) (ALLEBRING)	UNDER I YEAR IF UNDER 24 HRS
_	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH
5			WIDOWE	DIVORCED	Baltimore	City MD.
4	Baltimore	Union Memoria.	SING HOME (EET ADDRESS) HOSPI	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO RetRecord A	industry Banking
5	Md. STATE Md. Bal	NTY 13c. CITY OR TO	NWC	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 8005	AptB5 York Rd.
0	14. FATHER'S NAME ERST Charles	H Ritchie	9	15. MOTHER'S MAIDEN NA/ EIRST Anna	WE	Emery
2	160 WAS DECEASED EVER IN U.S. AI {YES, NO OR UNKNOWN} {IF YES, GI	RMED FORCES? 166 SOCIAL SE 215 01		Genevieve W.	Ritchie ADDRESS	Same
/	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENTWAS UNDERLYING	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO	95747 DUENCE OF O DEATH BUT		NINAL DISEASE OR CONDITIC	IF YES, WERE FINDINGS USED
くつ	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAD	21¢ HOW INJURY OCCURR	YES NO PORTON NO NEED (ENTER NATURE OF INJURY IN I	CERTIFYING CAUSES OF DEATH? YES NO TEM 18 PART OR PART 2)
7	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHAT 220.1 certify that (1) (the house 22b. SIGNATURE 22b. SIGNATURE	R) P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFIC	19 E, FARM ETC)	DEGREE		counity state 19. 8.3., that (I (we) last and have and from the causes stated 22c. DATE SIGNED
	228 PHYSICIAN'S NAME	Market Mary) .	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	01 13 83.
	Scott K.	Luttge, M. D.		Union Memori	ial Hospital	
	230. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	Burial	1/17/1983	Dulane	y Valley mem.(100	ille Balto Md

DHMH-16 50M 1/81 (VRA 15, 4)

BP.

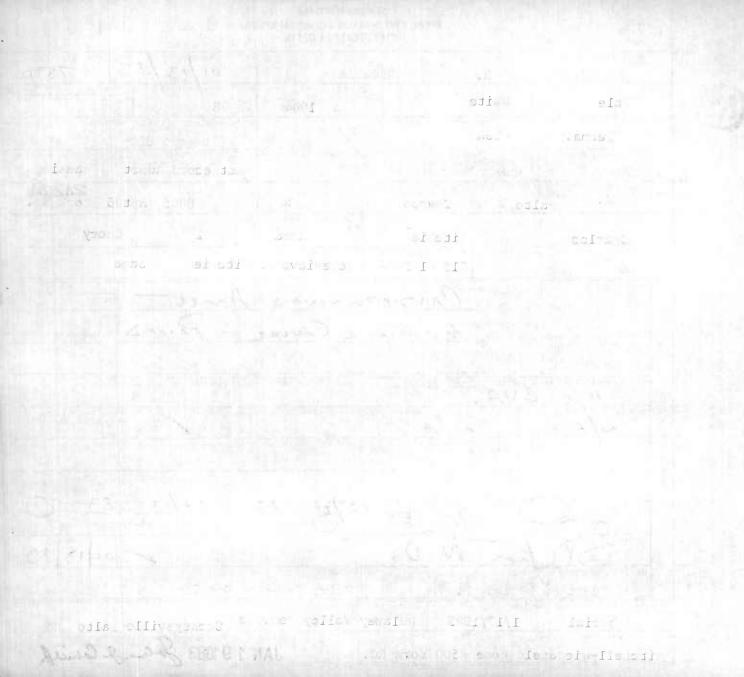
IMPORTANT: If them 21 is

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Rd.

JAN 1 9 1983

ohn J. Coming



				STAIL	OF MARYLAND			415	1 7	4 6
1	V.	FOR - STATE REGISTRAR	DEPART		EALTH AND MENICATE OF DEA		ENE S S	U	1 3	1 2
7		CEASED NAME FIRST	MIDDLE	L	AST			MONTH DAY	YEAR 2	2b. HOUR
/	1200	INEZ	VIOLET	DO	BBINS	10		1 10	03	2.00
	3.58		4 RACE	S. DATE C	E BIRTH		6 AGE (IN YEARS LAST BIR	10		5 : 00 PM
3	2.00	E	* KACE	MONTH	PAN	YE AR	AGE (IN TEARS LAST BIR	MON		HOURS MIN.
177	_	I CMAIR	-AUCASION	1 4	8	17	65	YRS.		
1	砂	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIEI	NEVER MAR	RIED -	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
	1	N.C.	U.S.A.	WIDOWE	/		BALTI	MORE	CITI	MD.
37	m o	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME O	ROTHER INSTITU	TION	120 USUAL OCCUPATI	ON	126. KIND O	BUSINESS OR
*	E	SALTIMORE	South BALTIME	SRE C	EN. HO	SP	Sal	es	Hutzl	ers
201	USU	AL RESIDENCE (IF NURSING HOME	OTHER INSTITUTION GIVE RESIDENCE BEFOR							
36		1.50	timore Dunda		13d. INSIDE CITY I	LIMITS?	1212 Will	ow Ro	24	21222
	HE	ATHER'S NAME	crinore Dunda.	F16	15 MOTHER'S MA	-	r.	OW RO	au	21222
12/		DELL I	MIDDLE T HICK	<	FIRST	· · ·	PODLE		LAST	112000
510		DENJAMIN	//		ANI	VIE				WOOD
10	27	VAS DECEASED EVER IN U.S. AR	CONTACTOR OF THE STATE OF THE S		17 INFORMANT		ADDRE	SS 1212	Willa	ow Road
1	No		212-22	-7632	Willia	am G.	Robbins-	Balto	., MD.	. 21222
£		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), an	d (c		-			APPROXIMA BETWEEN ON	ATE INTERVAL
1		PART I. DEATH WAS CAUSE	TE CAUSE (a) KESPIN	PATO	RY	ARRE	ST			
45.6		1479 MMEDIA	IE CAOSE (d)			, , , , ,		781275		
D		Conditions if you like	DUE TO, OR AS A CONSEQUI	ATIC	, X/'C	EASE				
0		Canditions, if any, which gave rise to immediate	b) 1/1 / 1/0/	177.	2730	- //				
4		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF	LEAD	(1722	AMOUS CE	11 10	430.00	
5			(O JURAJO I MI	114/10	OCI/ BE	200	MINIOUS CE	u w		
5	z	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART IIa	
-	CERTIFICATION									
10	Š	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORME	D	200 AUTOPSY?	206 IF YES, W	ERE FINDING	S USED
1	#						YES NO	YES [NO 🗌
		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	21c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	T OR PART 2)	
17	¥	OR CONTRIBUTING CAUSE OF DEA	1111	19	1	Name of Street,				
1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION					
9	×	WHILE HOT WHILE	(AT HOME STREET FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
Ē		AT WORK	1	DEC	16	. 03	1011	16	83 th	
2		saw the deceased alive on	tal) attended the deceased fram	12	d that is (mu) (our	9 Noninian de	, to	, 19.	,	at (1) (we) last
E .		abave, (1) (we) (did) (did no	t) view the bady after death.			, apinion at	eath accurred on the do	ate and haur ar	id fram the ca	uses stated
ě.		226. SIGNATURE	$, \cap$		EGREE	10000			22c. DATE SI	GNED
		Hum	Masic	-		nding Sician []	MEDICAL STAF		1//8	183
4		22d PHYSICIAN'S NAME (TYPE C	R PRINT)		22e. ADDRESS				1	
0/		HERBERT	JV ARBE		2001 5	H	AMOVED	ST B	01.77	MX
4	73n F	BURIAL, CREMATION, REMOVAL		JAME OF CE	METERY OR CREA	AATORY	123d LOCATION	01.10	17010.	1.10.
		(SPECIFY)				MATORT	CITY OR TOWN		OUNTY	STATE
-		rial		тотта	Hill	Tar ave	White Ma			aryland
81	79. 1	UNERAL DIRECTOR Duda=	Ruck, Inc. ADDRESS			ZOO. DATE	N 2 1 1983	250 ENISTRAF	R'S SIGNATUR	Eniel
	1/9	22 Wise Aven	ue Dundalk,	MD.	21222	1000	M 2 1 1983	Jour	0.	,

DHMH - 16 50M 1/8 (VRA 1S, 4)

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STATE OF MARYLAND

-	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO STATE REGISTRAR CERTIFICATE OF DEATH									1 3	1 3	
	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)					20. DATE OF DEATH MONTH				DAY YEAR 26. HOUR 8304		
	3. SE.	MILD	RED 4 RACE			ROBERTS 5. DATE OF BIRTH		YEARS LAST BIRTHE	1 1	UNDER I YEAR	IF UNDER 24 HRS	
	J. JE.			, MO		DAY YEAR			MON		HOURS MIN.	
		Female	White			March 19, 1900		5	YRS.			
2	70 B	Maryland L		JSA WIDOWE		NEVER MARRIED	9 BALTIMO	BALTIMORE CITY OR COUNTY OF DEATH				
2	5					- W_1	□ BAL	BALTIMORE CITY				
4		BALTIMORE 11. NAME OF HOSPITAL, NURSING H				HOSPITAL	(TYPE OF WO	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Postal Worker 170 U.S. Gov't				
5	13a S	Maryland Ba			esidence before admission) CITY OR TOWN altimore YES NO			13e STREET ADDRESS 605 E. 34th St. 21212				
C	14. FA	FATHER'S NAME FIRST John Last Stone				15. MOTHER'S MAIDEN I	NAME	ME MIDDLE			Wolf	
		WAS DECEASED EVER IN U.S. AR	166 SOCIAL SECURITY NO. 17 INFORMANT				ADDRESS					
	()	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			Thornley L			. Roberts,			Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT BETWEEN ONSET AND DEAT										
7	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPER ADdor					200 AUT	IN CERTIFYI			WERE FINDINGS USED ING CAUSES OF DEATH?	
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE-	HOUR A.M	MONTH D	AY YEAR	21c. HOW INJURY OCC	URRED (ENTERN	ATURE OF INJURY I	NITEM 18 PART	I OR PART 2)		
	MED	21d INJURY OCCURRED WHILE NOT WHILE NOT WHILE AT WORK AT WO			FARM ETC	211 LOCATION STREET		CITY OR TOWN			COUNTY STATE	
		270.1 certify that the (this hospital) attended the deceased from 1983, to 1983, to 1983, that the (we) lost sow the deceased alive an 1983, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not), view the body after death.										
		Frank Catanzanti mo				DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN			NX	1 1193		
		PRANK CATANZARITI, M.D. 220 ADDRESS UNION MEMORIAL HOSPITAL							TAL			
	(BURIAL, CREMATION, REMOVAL SPECIETY Burial	1/14/	83 1	Mt. C		Fr	ederic	k,	OUNTY	√ D STATE	
4	4905 York Road Balto., MD 21212 Sons Co. JAN 131983							- grad	smilf			

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Putterner I > Company of I seemed a C [10]

250. DATE REC'D.

21215

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO., MD

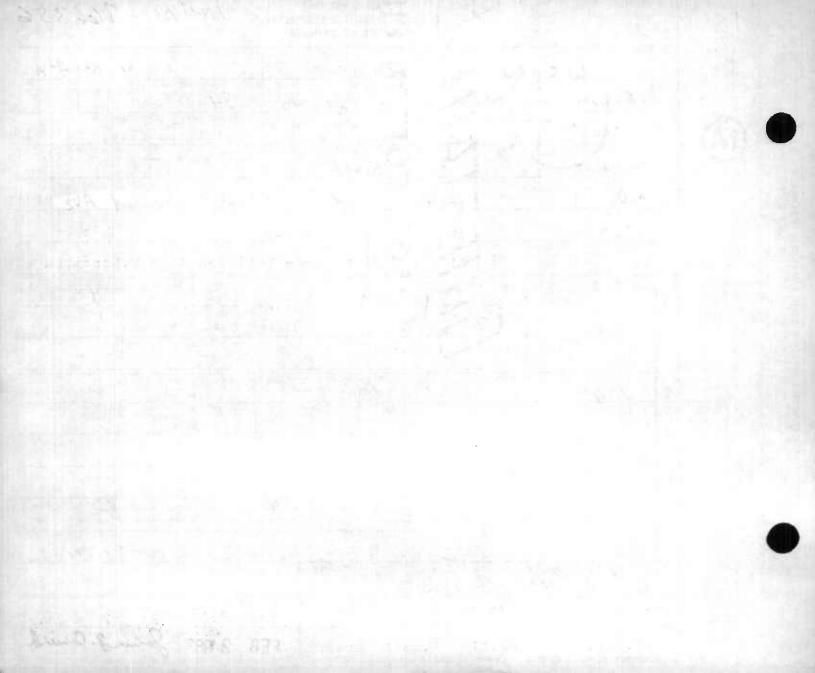
DHMH - 16 50M 4/82

(VRA 15, 4)

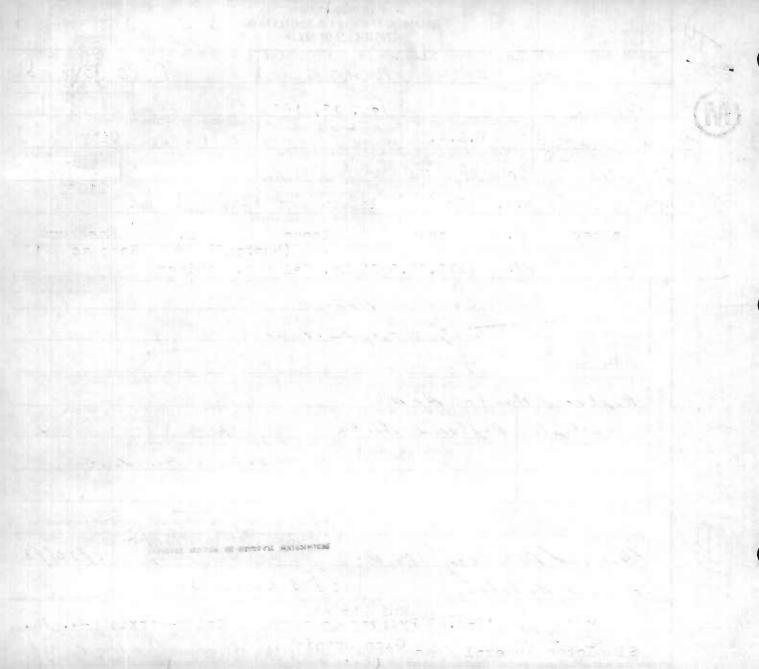
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE X STREET OF THE PARTY OF TH A ROUGH SEED TO SEED T

1	1	FOR - STATE		DEPARTM	STATE OF MARYLAI	ENTAL HYGI	ENE YNIT	No 0	766	356
	1	REGISTRAR CEASED NAME FIRST	MIDD	ıi F	CERTIFICATE OF DE		REG. N		0131	5
oy be		CARO	. 1	Y	Robinson		20 DATE OF DEATH		3/ 83	26 HOUR 4/20
e 4 moy	3 SE		4 RACE Blace	V	S. DATE OF BIRTH	48	AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
rh. Pog		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WH		MARRIED WEVER MA	ARRIED -	BALTIMORE CITY			
offer deo		ITY OR TOWN OF DEATH	11. NAME OF HOS		HOME OR OTHER INSTIT	ORCED	Baltimo 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST G	ION	12b. KIND OF	BUSINESS OR
o sino	Usu	BAHMORE AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE	- RESIDENCE BELORE A	SINAL					
iin 24 ho	-	MD. 136. COUN		BALTO	YES YES	NO 🗌	3 STREET ADDRESS	Garri	son Av	e.212
omplified with		Cleveland		Scott		rothy	MIDDLE		With	ners
on ond con Poges.		VAS DECEASED EVER IN U.S. AR/ YES NO OR UNKNOWN) (IF YES, GIVI	F MAR OR D. SEC.	215-46-	-6353 Shar		binson 3		.Garri	son A
physicic onpopers emovol.		18 CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSED 1830 IMMEDIAT	ly one couse per line D BY. E CAUSE (o)		in 8; 8c				BETWEEN OF	ATE INTERVAL NSET AND DEATH
e death ce offending nove carbo offen, or re		Conditions, if ony, which		A CONSEQUED	a lic o la	mou	CA			
hot the by the ose rer 1, crem other		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS	S A CONSEQUEN				491		
equires to signed. Then plear to burio injury, or	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONT	RIBUTING TO DE		O THE TERMIN	IAL DISEASE OR CON	DITION GIVE	N IN PART 110	
The low rate hos been risit permit.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITIO	n for which c	PERATION WAS PERFOR	MED	200 AUTOPSY?		WERE FINDING	
CIAN I physical ol-tro ol-tro intal H		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	111	MONTH DAY	YEAR	URY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
IG PHYSI offending ter this ce is the buri ond Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF I	NJURY FACTORY, OFFICE FAR	211 LOCATION	٧	CITY OR TO	WN	COUNTY	STATE
TTENDIN or Use of for Use of theolitics and of the off		220.1 certify that (1) (this hospit sow the deceased alive an above, (1) (we) (did) (did not			7, and that in (my) (c	19 87-	to	ote and hour		not (I) (we) lost
the hospirate ho		TO SIGNATURE	Li all			TENDING	MEDICAL STA		22c. DATE S	IGNED .
HOSPITA bined by FUNERA ould be de th the Stot	2	THE PHYSICIANS NAME WING	2 91	13.	22e. ADDRESS	HYSICIAN []	DIRECTOR PHYSIC	IAN LU	17-3	7-10
BP	23a. 1	BURIAL, CREMATION, REMOVAL	23b. DATE 2/3/8:	3 23c NA	we of cemetery or cr	n Cem.		ore	COUNTY	Мd.
DHMH - 16 50M 1/B1 (VRA 15, 4)		uneral director n.C.M.E.March F/H	Inc. 110	1 ACIERESSIN C	m + h A	250. DATE	REC'D. BY REGISTRAR	25h DE ISTR	AR'S SIGNAT	awief.



(VRA 15, 4)



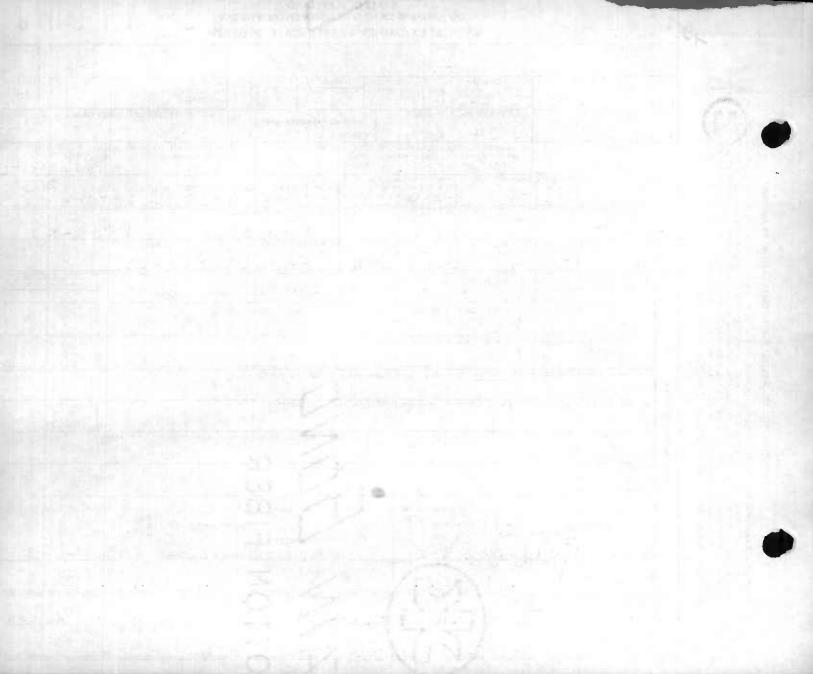
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4					Delication		E OF MARYLAND		-		S 1 -2
P	1-	FOR STATE			DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE &	0 (113) /
	I DE	REGISTRAR CEASED NAME	FIRST		w looke		AS1	20 DATE OF DE	REG. NO.	DAY YEAR	26 HOUR5
		OR PRINT)	PAR	E00E	LIA	Rah	inson	20 DAIL OF DE	01/2	5/1983	135
911	3. SE)	X	Inn	4. RACE	7	S. DATE C		6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	1	Female		tidus	e-	DEC	6, 1926	56	YRS.	MONTHS DAYS	HOURS MIN.
10		RTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY	OF DEATH	
2	P	MARYLAND		U.S.A.		WIDOWE		BALTI	MORE CITY	1	MD.
10	Carr	TY OR TOWN OF DEA	TH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIME STREET LES HOSPI	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OC (TYPE OF WORK FO STATIST	R MOST OF WORKING LIFE		AND CORP
71	USU /	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	E AGMISSION)	13d. INSIDE CITY LIMITS?	130 STREET AD	DRESS		
20	MA	ARYLAND	BAL	TIMORE	WOODLAW	N	YES NO NO	5706	OHNNYCAKE	ROAD	21207
121	14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN N		AIDDLE	LAST	
1	/	WILLIAM		н.	STRI		EVELYN		MARIE	WILL	
2		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17. INFORMANT	DDTNICON	ADDRESS	11 47	
7	-	NO			217-22-		MR. JOHN RO	DRINZON	SAME AS	6.6	AATE INTERVAL
		PART I. DEATH W.	AC CALICE	D RV.			RIGHT CO	DRONARY	ARTER		MATE INTERVAL
2		4100	IMMEDIAT	E CAUSE (a))	17.0111	3100/31010/	BURTON	4	
O C		Conditions, if any,	which	DUE 10, 01	LTHER	OSC	LEROSIS				
21 12		gave rise to imm cause (a), stating	nediate	DUE TO OF	R AS A CONSEQUE	ENCE OF					
5		underlying cause	last.	(c)							
٠, ١	z	PART 2. OTHER SIGN	IFICANT C	ONDITIONS <u>CC</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE C	R CONDITION GIVE	EN IN PART 110	8
-	CERTIFICATION	190 DATE OF OPERAT	1001	TION CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	V2 ZAN IE VES	. WERE FINDING	CELICED
	IFIC/	148 DATE OF OPERAT	1014	178. CONDI	11014 FOR WHICH	OPERATIO	N WAS PERFORMED	/	IN CERTIF	YING CAUSES	OF DEATH?
200	ERT	210. ACCIDENT WAS UND	ERLYING [21c. HOW INJURY OCCU		_	ART I OR PART 2)	NO 🗌
E /		OR CONTRIBUTING C		(H	M. MONTH DA	AY YEAR					
ě.	MEDICAL	214 INJURY OCCURR		21e. PLACE	OF INJURY		211. LOCATION		ITY OR TOWN	COUNTY	STATE
, we	¥	AT WORK AT WOR	ALE	TAI HOME STR	EET, FACTORY, OFFICE, F	ARM, ETC)	SINCE				
S S		220.1 certify that (1)			e deceased fram_		, 19	, to			hat (1) (we) last
7 6		saw the decease above, (I) (we) (d	id alive on. lidi (did na	view the body	after death.	ar.	nd that in (my) (aur) apiniar	n deoth accurred a	n the date and have		
		27b SIGNATURE	0 5	2Pol	cha	9/	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	Mr. DATES	27/23
7		22d PHYSICIAN'S NA	ME (TYPE O	R PRINT)	M F		224 ADDRESS				
Ž		PELCZ	LAR,	MICHAI	it E.	No.	SI. AGNES	S HUSP,	BALTIMOR	IE, MARY	LAND
<u> </u>		BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATIO		COUNTY	STATE
		BURTAL	TV M	1/28/8		ESTLA			OTTSVILLE		MARYLAND
82		JNERAL DIRECTOR RU		& RUSSE			D. 21228	N 26198	ISTRAR 256 RIGISTI	CAR'S SIGNATE	JANE STATE OF THE
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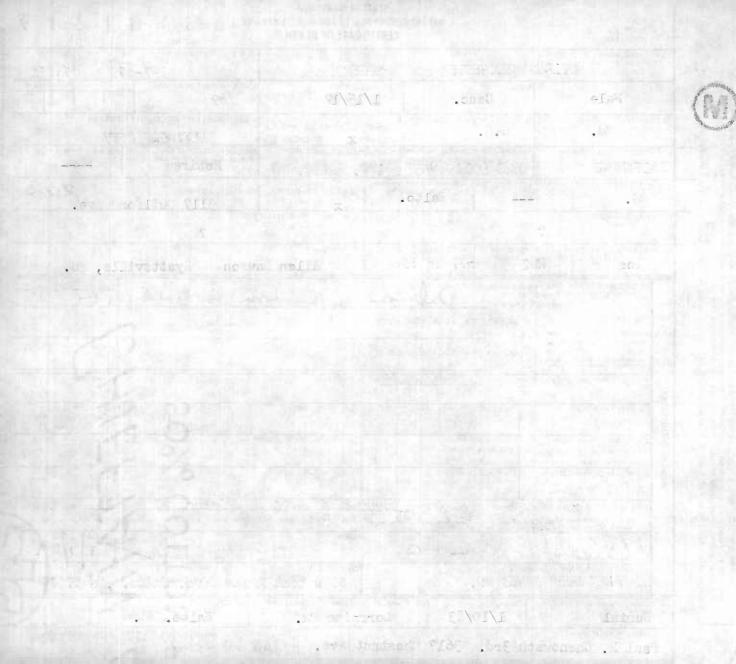
		FOR		DEPARTMENT OF HE	ALTH AND MENTAL I	HYGIENE) 7	1318
2		STATE REGISTRAR	MEI	DICAL EXAMINER	'S CERTIFICATE C	OF DEATH REG. NO.	1 2 1 6
	1. DE	CEASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN X MON	NIH DAY YEAR 26, HOUR
	{TYP	E OR PRINT)	`_	C	DOOKEL	OF ESTI- DEATH MATED 1	
HOURS HOURS WREET,	3 SEX	GEOR(5. DATE OF BIRTH	6. AGE (IN YEARS)	ROCKEL IF UNDER 1 YR. I IF UNDER		1 18 19 83 A
5000	J SEA	T. NACE	MONTH DAY	YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN. PRONOUNCED	9.47
*		STIHW 31A	JAn. 24.	1930 52 YRS.		DEAD	18 19 831 a M
	70 BI	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WH	HAT COUNTRY? 8.	MARRIED MEVER MARR	9. BALTIMORE CITY OR COL	UNTY OF DEATH
135	3	ARYLAND	U. S.A		DOWED DIVORG	prits .	tv ME
	10. CI	TY OR TOWN OF DEATH		PITAL, NURSING HOME, OI	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WO	ORK 126. KIND OF BUSINESS
800		Baltimore	6414 Har	ford Dd		FOR MOST OF WORKING LIFE!	FRAME RITE
ECORDS E	USUA			VE RESIDENCE BEFORE ADMISSION)		1 120 11.	
AL RECORDS, 201	13a. S	TATE NA COUN	TY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	21234
	1.	10. BA	10.	IPARKVILLE	YES NO W	1 7438 57712	ROAD
Y A	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAID	EN NAME	LAST
\$31) 6	AUGUST		ROCKIL	MARY	1	VORAK
Vision of Viale	Ióa. V	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY NO	D. 17 INFORMANT	ADDRESS	
Noision		IS NO, OR UNKNOWN) (IF YES, GIVE	S A	212 28 340	II FAM	ily RECORDS	
		18. CAUSE OF DEATH (Enter on				TA TRECTOS	APPROXIMATE INTERVAL
		PART I DEATH WAS CAUSE	N BV		tio cardious	soular disease	BETWEEN ONSET AND DEATH
IT PERMIT. YGIENE, D		4797 IMMEDIA	12 011002 (0)		ric Cardiovas	scular disease	
BURIAL - TRANSIT AND MENTAL HYC ATION, OR REMO		Conditions, if any, which	DUE TO, OK	AS A CONSEQUENCE OF			
REAL		gove rise to immediate	(b)				
AL - TRANSIT PERMI MENTAL HYGIENE, N, OR REMOVAL.		couse (a) stating the <u>under</u> - lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF			100000
DEPARTMENT OF HEALTH AND ME I PRIOR TO BURIAL, CREMATION,		lying couse lost.	(c)				
AA		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL	OISEASE OR CONDITION GIVEN IN PA	ART I (a)	
EN EN	NO						
\$□ —	ATK	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPERATION	ON WAS PERFORMED?		20 AUTOPSY?
A A	F						
五四	RT	210. EXTERNAL CAUSE WAS	21b. TIME OF	INJUDY	N. HOW INDUST OCCUPA	ED (ENTER NATURE OF INJURY IN ITEM 18 PART) O	YES X NO
22×	MEDICAL CERTIFICATION	UNDERLYING OR		MONTH DAY YEAR	III. HOW INJURY OCCURR	ED (EMICE MAIURE OF INJURY IN HEM 18 PART) O	M PARI 2)
A S S	V	CONTRIBUTING CAUSE OF					
THE STATE DEPA	AED	21d INJURY OCCURRED WHILE DOT WHILE D	2 le PLACE C	OF INJURY (AT HOME, 2	If. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21201	~	AT WORK AT WORK]	40			
		22a I certify that I took charg		adhad abase bold	Autopsy X, Inspectio		
I N							y opinion
SES		death resulted from: Notu	rol couses LXI.	Accident, Suicide		Undetermined monner,	
53₹		ACTUAL A	1)-	7~	TITLE (SPECIFY)		ATE 1_10_07
ERAL DIR EATH, WI ORE, MAR		SIGNATURE ()	WAY		m.pAssistar	T MEDICAL EXAMINER SK	ATE GNED 1-18-83
N SEE		EXAMINER'S NAME A	W D. /	14 D	444 5		41 04004
TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,		(TYPE OR PRINT) VAN	n M. Dixor	n, M.D.	ADDRESS 111 F	Penn St., Balto., N	1a. 21201
BA			73b. DATE	23c. NAME OF CEMET	RY OR CREMATORY	23d. LOCATION	COUNTY _ STATE
	6	SURIAL	MARCANAZ	83 Dal A014	VALLIY		LTO. MARYLAN
	24. FI	UNERAL DIRECTOR		Valora III Valora III	250. DATE	REC'D. BY REGISTRAR 256. REGISTRAR	SSIGNATURE
H · 17 5 ME (5))	5	Ans Funseal	CUAPS	SAMHARFA	RO	NN 271983 John	of short
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STATE OF MARYLAND



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR STATE

REGISTRAR

Male

Burial

Russell

R.

1/10/83

3331 Brehms Lane, Balto. Md.

White

4 RACE

DECEASED NAME

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH Roland 5. DATE OF BIRTH IF UNDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) MONTH 29 26 56

. Crownsville

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2	1	OUNTRY)		WHAT COUNTRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY C		DEATH	1.912
2		nnsylvania	U.S.	WIDOW		Baltimore			MD.
5	Ва	ltimore	Wyman	HOSPITAL, NURSING HOME (HEACILITY, GIVE STREET ADDRESS) Park Health S		128 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF PSG/E7	F WORKING LIFE) IN	U.S. GO	
<	Ma S	ALRESIDENCE (IF NURSING HOME OR TATE 136 COUN Tyland		GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Baltimore	134 INSIDE CITY LIMITS? YES MO [13e STREET ADDRESS 6019 Naha	nt Rd.	Balto.	21206
2	11.0	THER'S NAME 11iam	WIDDLE	Roland	Is. MOTHER'S MAIDEN NA	WE	st	effey	
	()	VAS DECEASED EVER IN U.S. AR/ ES. NO OR UNKNOWN) (IF YES. GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY NO. 196-12-6276	Dorothy Ro	land (wif		e addre	ess
		18 CAUSE OF DEATH Enter on: PART I DEATH WAS CAUSED IMMEDIAT		line for (o), (b), ond (c). Cardio-respin	catory Arrest			APPROXIMATE IN BETWEEN ONSET A	TERVAL ND DEATH
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	(c)	Pulmonary inf R AS A CONSEQUENCE OF Metastatic Ad ONTRIBUTING TO DEATH BUT	lenocarcinoma				
2	CERTIFICATION	19a DATE OF OPERATION	196 COND	TION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		RE FINDINGS US CAUSES OF DE NO	ATH?
-	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# ETHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE OUT WHILE AT WORK	P. 21e PLACE	M. MONTH DAY YEAR M. 19	211 LOCATION STREET	RED (ENTER NATURE OF INJU		OR PART ?)	STATE
		22a I certify that (I) (this hospit saw the deceased alive an obove, (I) (we) (did) (did not his 5100 A)	- Caroca	ofter death.	ber 13, 19 82 nd that in (my) (our) apinion DEGREE	death occurred on the di	ate and hour and	tiom the couses	stoted
		22d PHYSICIANYS NAME (14PE O	MELLA	lan M.D.	ATTENDING PHYSICIAN [MEDICAL STA		1/1/8	3
		Phyllis E. Nic			The state of the s	Park Dr. B	alto., M	ld. 212	11

Crownsville Vet/

DHMH - 16 50M 1/81 (VRA 15, 4)

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n # . # 0		CEASED NAME FIRST OR PRINT) MARSHA	MIDDLE		NEZ	20		MONTH DAY Y	3 10 20 AM
M	3. SE		1. RACE C_White	5. DATE C	DAY Y	YEAR	AGE (IN YEARS LAST BIRT	MONTHS	
125		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARR	9	BALTIMORE CITY OF	R COUNTY OF DEA	
Dalling .	1	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY,	L, NURSING HOME	OR OTHER INSTITUT	ION 12	TO USUAL OCCUPATION	ON 12b K FWORKING LIFE) INDU	MD. KIND OF BUSINESS OR USTRY aurel Racewa
るん	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION, GIVE RESID JNTY 13c CIT	DENCE BEFORE ADMISSION) Y OR TOWN	13d. INSIDE CITY LI	IMITS? 13	e. STREET ADDRESS	PER VICE	
	14. FA	THER'S NAME	MIDDLE	EAST CALL	15. MOTHER'S MA	IDEN NAME	Emmaline		AKMAN
ages o	16a. V	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C	RMED FORCES? 16b. SO	CIAL SECURITY NO. 0-03-6595	17. INFORMANT	Bons	ADDRE	SS	As #13e
ose remove carbanpo il, cremotion, or remav other troumotic event		PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A C		monsty	2 0	rest		
ermit. Then ple print to burio s ony injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICANT		DR WHICH OPERATION			AL DISEASE OR COND	20b. IF YES, WERE	
or-tronsit per trol Hygiene em 18 shows		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MC	Y ONTH DAY YEAR	21c. HOW INJURY	OCCURRED	YES NO (YES THE TEM 18 PART TORP	NO [
olth ond Mentol	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU	RY	211 LOCATION STREET		CITY OR TO	wn cou	NIY STATE
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AL DIREC letached ite Dept. T. If Hem	8	27% SIGNATURE	alex M	201	DEGREE ATTEN	NDING I	MEDICAL STAR	FF La	TATE SIGNED
should be deto		274 PHYSICIAN SNAME ITT	bever		South	0-11	ria Gans	unal Hos	R.
2 € 3 ≦ *		BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	1-10-83		CEMETERY OR CREM		23d. LOCATION CITY OR TOWN Baltimo	re Maryl	y STATE and
- 16 50M 4/82 RA 15, 4)		uneral director ack Towson Fune	eral Home, I	ADDRESS 1050 nc. Towson	York Rd.		ECID. BY REGISTRAR		

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FOR

STATE OF MARYLAND

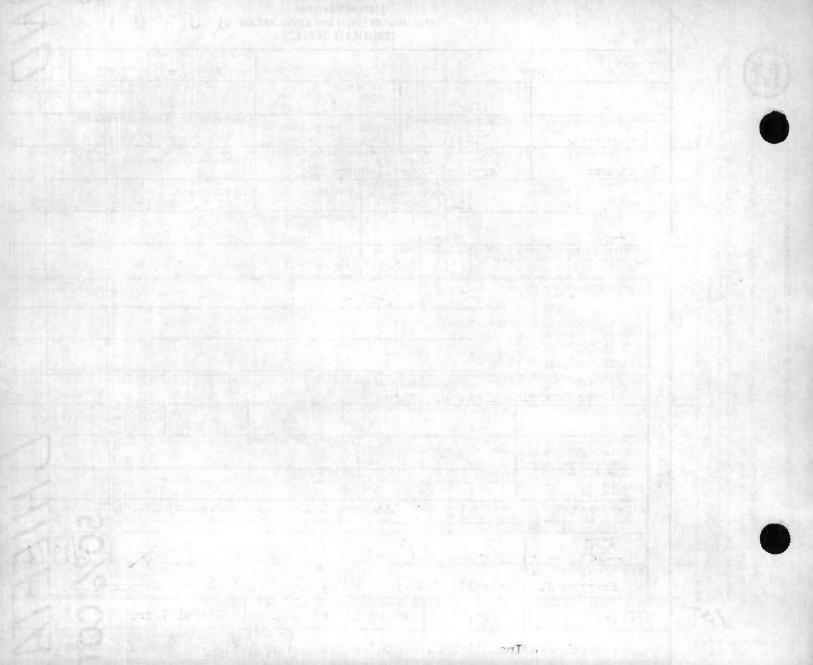
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

)	1 -	REGISTRAR				CERTIF	ICATE OF DE	ATH	REG. NO	o		
		CEASED NAME	FIRST	,	MIDDLE	(AST		2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		ON PARTY	Henr	у		F	loscoe	TO S	January	18,	1983	1:35P M
	3. SE	X		4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	HDAY)	MONTHS DAYS	
		male		В1.	ack	5	11	VEAR 03	79	YRS.	MONTHS DAYS	HOURS MIN.
	7a. Bl	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	- D NEVER AL		9. BALTIMORE CITY O	R COUNT	Y OF DEATH	DESCRIPTION OF
		. Carolina		11.	S.A.	WIDOWE	D NEVER MA	ORCED	Baltimor	e Ci	tv	MD.
5		TY OR TOWN OF DE		11. NAME OF	OSPITAL, NURSIN	G HOME C		-	12a. USUAL OCCUPATI	ON	12b. KIND	OF BUSINESS OR
8		altimore		Mary.	land Gene	ral H	lospital		(TYPE OF WORK FOR MOST O	FWORKING	LIFE) INDUSTRY	
1	130 S	AL RESIDENCE (F NUR	13b COU		13c. CITY OR TOW		134. INSIDE CIT	Y LIMITS?	13e. STREET ADDRESS			
7	M	aryland		ES ET	Baltimor	е	YES 🛣 🗈	40 🔲	942 N. Wa	shing	gton St	.21205
	14 FA	THER'S NAME	200	MIDDLE	LAST		15. MOTHER'S	MAIDEN NAM	VE WIDDIE			AST
)(1	Granvill	e		Roscoe			ncy	Medic			
		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMAN		ADDRE	SS		
	(1	YES NO OR UNKNOWN)	(IF YES GIV	VE WAR OR DATES!	213-07-	1416	Johnnie	e Mae	Roscoe 942	N. Wa	ashingt	on St.
		18 CAUSE OF DEAT	H (Enter or	nly one cause per	line for (a), (b), and	dic					APPRO	XIMATE INTERVAL
		PART I. DEATH V	VAS CAUSE	D BY	Cardiores		orv Arr	est				1000
		1170	IMMEDIA							-		
Ħ	700	Conditions, if ony	which		R AS A CONSEQUE	NCE OF						
А		gove rise to im	mediote	(b)_								
H		underlying cause		DUE TO, OI	R AS A CONSEQUE	NCE OF						
		PART 2 OTHER SIG	NIEKCANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART I	In
	N				er of Sac		NOT KELATED T	O THE TERM	INAL DISEASE ON CON	DITION G	IVEN HAT MAL	10
-	CERTIFICATION	19g DATE OF OPERA			TION FOR WHICH		N WAS PERFOR	MED	200 AUTOPSY?	20b. IF YI	ES, WERE FIND	INGS USED
7	IFIC								YES NO NO		IFYING CAUSE	S OF DEATH?
	ERT	21a. ACCIDENT WAS UN	DERLYING T	7 21b. TIME O	FINJURY		121c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJUI			NO []
1		OR CONTRIBUTING	CAUSE OF DE	AIN .	M. MONTH DA							
	MEDICAL	21d. INJURY OCCUR		21e PLACE		19	211 LOCATION	1				
,	ME	WHILE NOT W			REET. FACTORY OFFICE F	ARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WO	ORK -							10	00	
		22a. I certify that H							to			, that 🛣 (we) last
	-	obove, X (we) (did) (di X.X	Januar	after death.	, ,	41	от, оринан с	acom occorred on me de	are direction		
		22b. SIGNATURE	15	157	00	7	DEGREE AT	TENDING	MEDICAL STAF	F \	120. DAI	ESIGNED CO
		SAX	<i>y</i>	1 ar	meel	400		YSICIAN [DIRECTOR PHYSIC	IAN		11/18/2
		22d PHYSICIAN'S			11 M D		22e ADDRESS			**	1	
		Stephe	n J.	U'Conne.	11, M.D.				and General	Hos	pital	
		BURIAL CREMATION	REMOVAL	1/24			of Eteri		e Westmin	ister	COUNTY	Mart.
		DOLLING		1/24	, US Ga	Lucii	OT LICET	ind Tito b	"CB CMILIT			****

DHMH - 16 50M 4/82 (VRA 15, 4)

Wm. C. March F/H Inc. 1101 E. North Avenue

250. DATE REC'D. BY REGISTRAPTS B. REGISTRAP'S SIGNATURE



Sa-	1	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH		() G. NO.	1 3	2 5
y be		CEASED NAME FIRST FIRST FIRST		DOLE	Ro	semen	20. DATE OF DEA		AY YEAR	26. HOUR 9:45 PM
9ge 4 mo	3. SE	× Female	4. RACE WHITE		S. DATE C		6. AGE (IN YEARS L		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
death. Po		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF W	Mark La	WIDOWE		Bal	Fimore	. 1, again	MD
Jeep Helm		BALTIMORE	Lev Lev	male	DDRESS)	rother institution rsing Home	120. USUAL OCCU	IPATION NOST OF WORKING LIFE VIFE	INDUSTRY	HOME
in 24 hours tilled in thousand the	3a. M	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU	DR OTHER INSTITUTION G	BALTIMO	1	13d. INSIDE CITY LIMITS?		DRDS LA.,	APT.	B #21215
Complete with		BEN VAS DECEASED EVER IN U.S. A		HERMAN 6b. SOCIAL SECUE		15 MOTHER'S MAIDEN NA FIRST REBECC	A	J	JACOBS LAST	
ficate be execu	100.		IVE WAR OR DATES)	219-32-7	119	3198 OLD PC	R. LEONARI ST RD.	BALTO.,		1208
is that the death certilities by the ottending policies remove carbon rial, cremotion, or remove, or other traumatic ev.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 2. OIHER SIGNIFICANT	(b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF	(Prima	ny unkin	condition give		y moze H
ne law requon. On. has been si permit. The permit and ones ones ows any inju	CERTIFICATION	CVA A	19b. CONDIT	t ham	ple	gia, Hypa	200. AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED
PHYSICIAN: The fending physicion this certificate he burial-tronsit and Mentol Hygie ed or frem 18 sho	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE LIMER, NOTIFY MEDICAL EXAMINED COURRED	P.M.	. MONTH DA	19	21c. HOW INJURY OCCUR 21f. LOCATION STREET		FINIURY IN ITEM 18 PA	RT I OR PART 2]	STATE
DING or at After alth alth		WHILE NOT WHILE AT WORK AT WORK 22e. I certify that (1) (this hasp saw the decessed alive a above, (1) (2) (did) (did) (27b. SIGNATURE	1 4:30 pm	1/1/108	_	d that in (my) (aux) opinion				
TO HOSPITAL OR ATTEN retoined by the hospital TO FUNERAL DIRECTOR, should be detached for us with the State Dept. of He MAPORTANT: If hem 21 is		22d. PHYSICIAN'S, NAME (TYPE	TUN		7	11) ATTENDING PHYSICIAN [270. ADDRESS	MEDICAL PHOPE	eriatr.	ic Hoy	183 spital
BP		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL			KRO K	METERY OR CREMATORY ODESH-BETH IS				RYLAND
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR SOL 1	WN RD. B	G BROS., ALTO, MI		21215 JAN	6 1983	RAPTAD. REGISTR	J. Colu	the state of the s

SOL LEVINSON & BROS. INC.

21215

60 SO REISDERSTOWN RD. BEBALTO., MD

STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

CITY

126. KIND OF BUSINESS OR

AT HOME

240A.

IF UNDER 24 HRS

#21209

20770

NO [

STATE

COUNTY

22c. DATE SIGNED 1-23-27

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250. DATE REC'D. BY REGISTRAR 256 PER

-1983

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3 - 12/11 10 11/2 11/2	y and a pro-	and the Jan		
	A Sala			

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- STATE

LEYPE OR PRINTE

DHMH-16 25M

REGISTRAR DECEASED NAME

12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE AT HOME 13. STREET ADDRESS 3012 ROMARIC CT., APT. F 21209 UNKNOWN JACK ROSENBAUM 1019 PARK VALLEY RD. BALTO, MD PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (raw) (our) opinion death accurred on the date and hour and from the causes stated 22¢ DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 10219 S. DOLFIELD RD. OWINGS MILLS, MD 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL ROSEDALE OLD RUDOMER VEREIN JAN. 26.1983 SOL LEVINSON & BROS. INC. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25K REGISTRAR'S SIGNATURE 6010 REISTERSTOWN RD. BALTO., MD 21215 (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

28 DATE OF DEATH MONTH

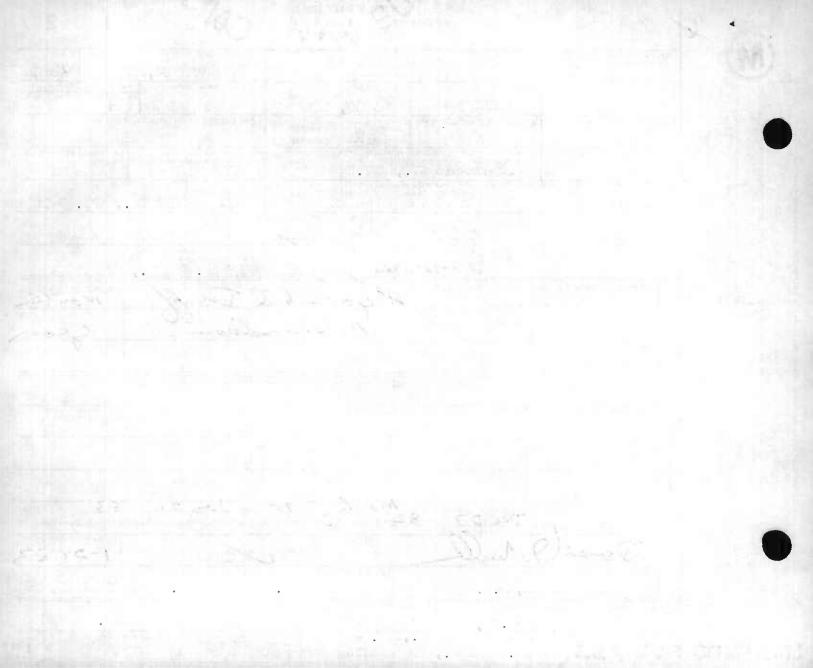
2b. HOUR

4:00

IF UNDER 24 HRS

1983

IF UNDER 1 YEAR

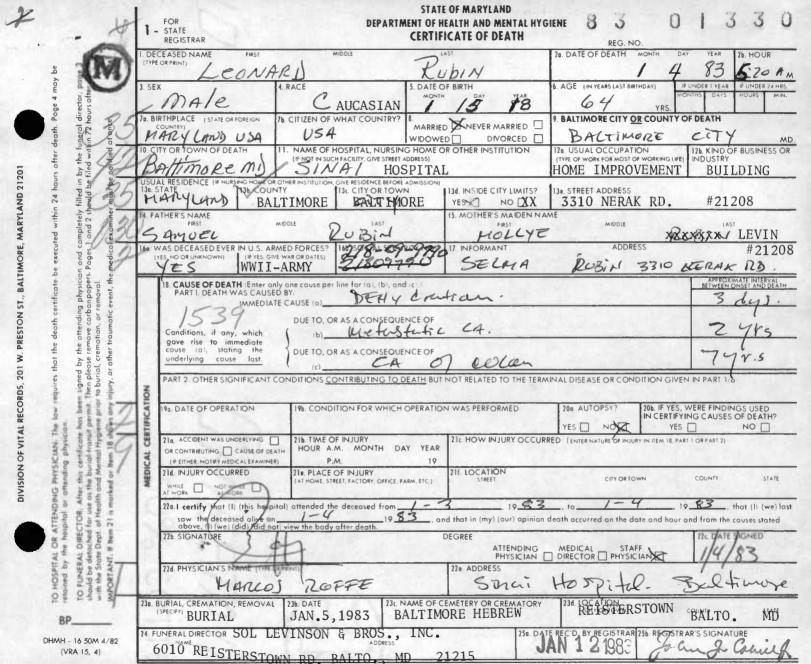


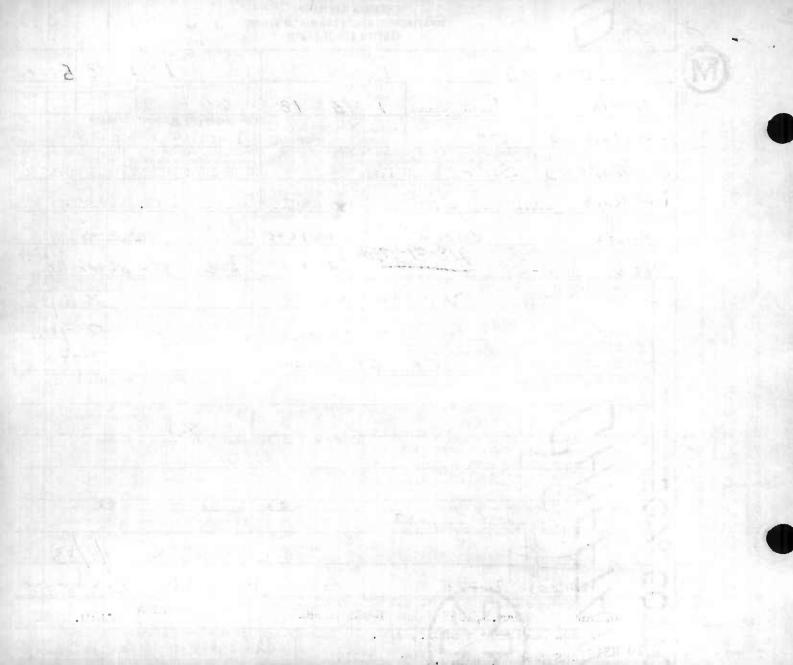
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STATE OF MARYLAND

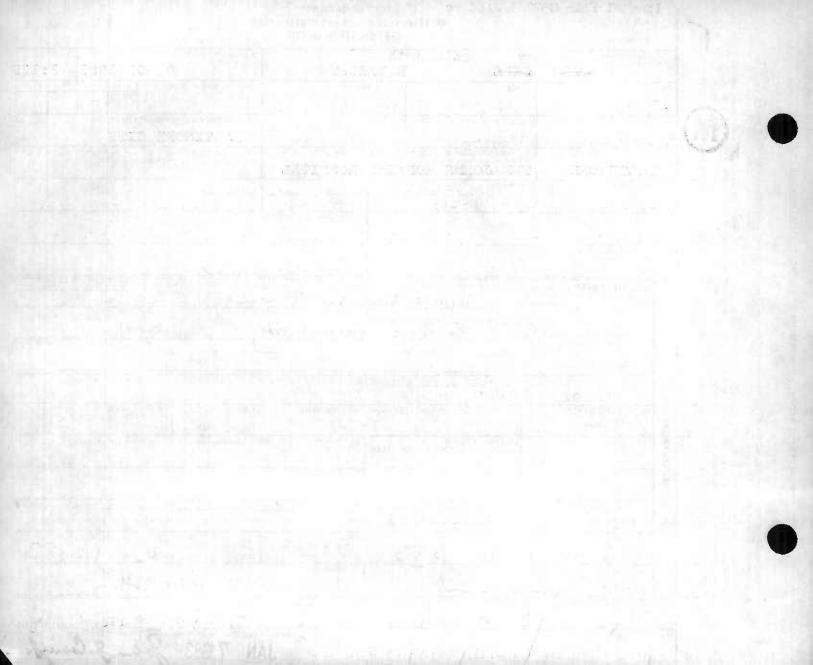
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6	1-	FOR STATE	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	9 0	0 1 3 2 9
12		REGISTRAR DEASED NAME FIRST OR PRINT)	MIDDLE	LAST	REG. NO	NONTH DAY YEAR 26 HOUR
d de de	3 SEX	TERC	A RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	1-21- 83 8 30 A M
6	3 35/	MALE	Black	MONTH DAY YEAR	78	MONTHS DAYS HOURS MIN
M		RTHPLACE (STATE OR FOREIGN DUNTRY) VIRGINIA	76. CITIZEN OF WHAT COU	NTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR BALF	
by the fulled wit	10 CI	BALTIMORE	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV	NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	
	₩SUA 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUP	100 01110	CE BEFORE ADMISSION) OR TOWN 13d INSIDE CITY LIMITS? YES NO	13°3°13'7 Beli	mont Ave 21216
mpletely and 2 st	14 FA	THER'S NAME N/A ST	WIDDIE	Lena Is MOTHER'S MAIDEN N.	AME	Roy
0	160 V	/AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b SOCIA	AL SECURITY NO. 17 INFORMANT	ADDRES	
		No		03-8031 Ernestine	Jones 313	7 Belmont Ave
ng physicio bonpopers. removol. c event, the		IMMEDIA	TE CAUSE (0)	lichelmenon arr	ca	
by the ottendir ise remove carl cremotion, or other traumati		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A COM	static ca e port	alle metas	stevis.
ed by the ottendir leose remove carl ral, cremotion, or or other traumati	NC	gave rise to immediate cause (a), stating the underlying cause last	(b) DUE TO, OR AS A COM	static ca e port		
hos been signed by the ottendir permit. Then please remove card ene prior to burial, cremotion, or ows any injury, or other traumati	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	(b) DUE TO, OR AS A CONCONDITIONS CONTRIBUTION	static Ca E 1200		
cate has been signed by the ottendir ronsit permit. Then please remove corl Hygiene prior to burial, cremation, or 8 shows any injury, or other traumati	CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONCONDITIONS CONTRIBUTIONS CONTRIBUTION FOR THE CONTRIB	S FALL CA E FOR TO SEQUENCE OF STORE STATE OF THE TERMINATE OF THE TERMINA	MINAL DISEASE OR COND	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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pital or offending physicion. TOR: After this certificate hos been signed by the offending for use as the buriol-transit permit. Then please remove card for Health and Mental Hygiene prior to burial, cremation, or I is marked or them 18 shows any injury, or other traumatic	- 1	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a.1 certify that (1) (this hasp saw the deceased alive on	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19b, CONDITION FOR 21b, TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	NSEQUENCE OF NG TO DEATH BUT NOT RELATED TO THE TER WHICH OPERATION WAS PERFORMED TH DAY YEAR 19 211. HOW INJURY OCCU THOM STREET 19 19 19 19 19 19 19 19 19 1	MINAL DISEASE OR COND 200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJURY) CITY OR TOWN	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TO THE STATE OF PART 2)
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s hospitol or attending physicion. SIRECTOR: After this certificate hos been signed by the othendir defor use as the buriol-transit permit. Then please remove confoet of Health and Mental Hygiene prior to burial, cremation, or them 21 is marked or them 18 shows any injury, or other traumativation.	- 1	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK 22a. I certify that (1) (this hasp saw the deceased alive on above, (1) (we) (did), (did not 2). SIGNIATURE 22d. PHYSICIAN'S NAME (TYPE C	DUE TO, OR AS A CON (c) 196 CONDITION SCONTRIBUTIN 196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MON' P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, ital) attended the deceosed at view the body after death	STATIC CA CONSEQUENCE OF NG TO DEATH BUT NOT RELATED TO THE TER. WHICH OPERATION WAS PERFORMED TH DAY YEAR 19 21t. HOW INJURY OCCU STREET 19 19 3 ond that in (my) (our) apinion DEGREE ALL OF ATTENDING	MINAL DISEASE OR COND 200 AUTOPSY? YES NO CITY OR TOWN 10 TO ATTENDED MEDICAL STAFF	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO TO STATE COUNTY STATE 19 12 that (1) (we) lost te and haur and from the couses stated 120. DATE SIGNED
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	Item #1 Film 0	577 3/2/03 rd		2 7 0	1 7 7 1
4	- STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 1 1 3 5 1 CERTIFICATE OF DEATH REG. NO.			
1	. DECEASED NAME FIRST	Amy MIDDLE	izabeth LAST		AY YEAR 2b. HOUR
page 3	BABY	GIRL	RUBRIGHT	01 02	2 1983 3:12
od ter d	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ofte.	FEMALE	WHITE	026. 28. 1982	YRS.	5
L WW.	O. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
C.A.	5)ARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE CI	WIL
33	BALTIMORE	THE JOHNS		120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
200	ISUAL RESIDENCE (IF NURSING HO	OUNTY 13c. CIT	1.		21234
1 50	1 TARYLAND BE	ALTO. IPA	RKVILLE YES NO D	13301 WILLOU	SHBY ROAD
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	60 WAS DECEASED EVER IN U.S	H. KU	SRIGHT ZLIZAB	ADDRESS	11/2/1/189
Poges 1	(YES, NO OR UNKNOWN) IF YE	S, GIVE WAR OR DATES)		0	
# # =	110		+AMILY	RECORDS	APPROXIMATE INTERVAL
empope event, t	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e e	7690 IMMEDIATE CAUSE (0) Hyaline Membrane Discase				
ration, ar	Conditions, if any, which (ib) Extreme Prematuratu				The state of the s
trau	gove rise to immediate				
other tr	cause (a), stating the Underlying cause last.				
a a	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE				N IN PART LO
to bu	Renal Failure				
o no	Revol 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196. CONDITION FO	DR WHICH OPERATION WAS PERFORMED		, WERE FINDINGS USED
shows	Ĭ –				YING CAUSES OF DEATH? NO □
	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
ltem	OR CONTRIBUTING CAUSE C	AL DEVILLE	19		
i i	(IF EITHER, NOTIFY MEDICAL EXA. 21d. INJURY OCCURRED	21e. PLACE OF INJU		CITY OR TOWN	COUNTY STATE
morked	WHILE NOT WHILE]	NT, OFFICE, FARM, ETC.)		
dealth a	22a certify that (1) (this haspital) attended the deceased from 12 28 19 82 to 19 83, that (1) (we) lo				
2 4 5	saw the deceosed olive an 19 3, and that in (my) (our) opinian deoth accurred on the dote and hour and from the couses state obave, (I) (we) (did) (did not) view the body ofter death.				and from the couses stated
Dept. of He	226. SIGNATURE DEGREE				22c. DATE SIGNED
- 01	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN				112/83
A AN	224 PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADDRESS	- 14 11 1	
should be del with the State IMPORTANT:	GARY KA	RLOWICZ_	JOHNS H	orkins Hospitk	the
oks W	230 BURIAL, CREMATION, REMO	OVAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	BURIAL	JAN. 5 198	3 DOLANSY VALLEY (E)	7. TIMORIUM BE	ALTO. MARYLAN
	14 FUNERAL DIRECTOR			ATE REC'D. BY REGISTRAR 256. POSTSTE	TAR S SIGNATURE
50M 4/B2	On NAME				



A. Alan Seitz Funeral Home 3818 Roland Ave.

FOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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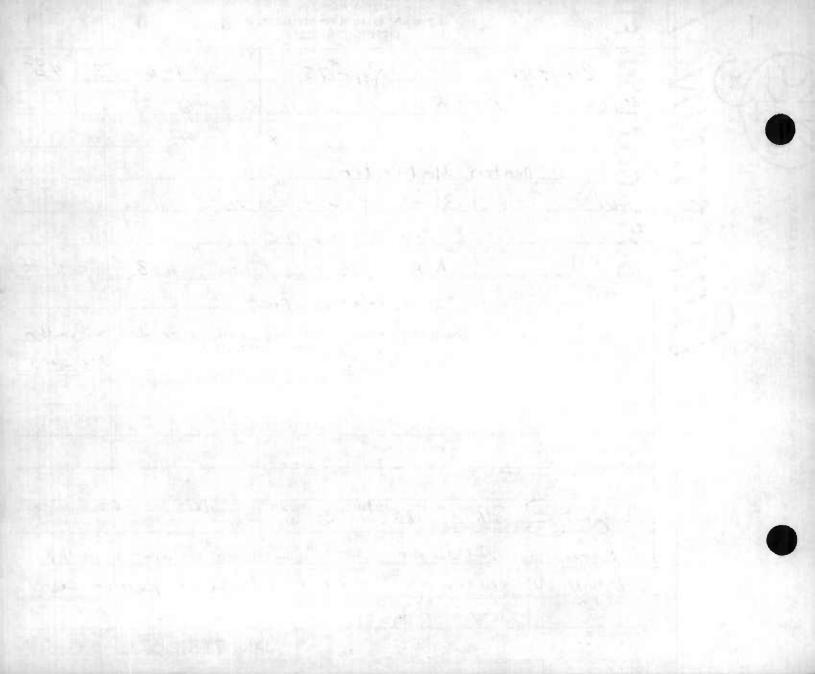
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5	IS CI	E	AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, E	TC.)		STREET			CITY OR TO	WN		COUNTY		STATE
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE OUSD AS A BURIAL. TRANSIT PERMIT PAGES (AND PAFTER DEATH, WITH THE STATE DEPENTIVENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH BALTER MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.				ge al the remains de	cribad abo	ve held as	Autap	., []	Inspection	- X	Inquiry		and in m	y apınıan	- 11-	
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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH YEAR (TYPE OR PRINT) 4 RACE 3. SEX 6 AGE (INYEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 21 9. BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? I STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRYS DIVORCED X WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? YES NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) K CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY Cardio-Pulmonan IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF Small cell coruname liver on Conditions, if ony, which gove rise to immediate spind cord couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. Severe decibil PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (NO CERTIFICAT 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS LISED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES | NO T 21m. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY (AT HOME, STREET FACTORY OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 22a.1 certify that (1) (this haspital attended the deceased from and that in (my) our) opinion death occurred on the date and hour and from the causes stated view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL Min PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) 1/11/83 Landsdown, Mt. Zion Cem. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, RESISTRAR'S SIGNATURE 1101 E. North Ave. March F/H



Henry W. Jenkins & Sons Co.

Balto., MD

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE -

FOR

- STATE

24 FUNERAL DIRECTOR

4905 York Read

DHMH-16 30M 2/80 (VRA 15, 4)

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280 46 1042 Mrs. Constance Munnell, Balto. WM

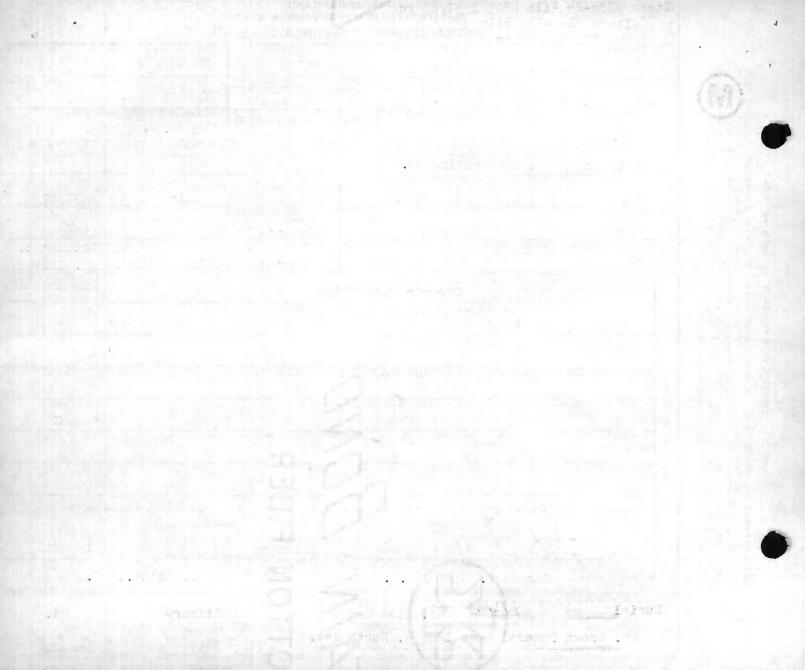
Dr. Dolores M. Purnell, W. C. Union Namonial Lospital, Salto., MC Fight W. Jewiss Sons Co.

STATE OF MARYLAND

AND THE PROPERTY OF THE PARTY O No the strategic of the second st ore Hill some with some

		EASED NAME	7 3/9/ FIRST	05 PC	WIDDLE		LAST	2a. DATE KN	REG. NO.	H DAY YEAR	2b. HOUR
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1	SEX.	4. RA	CE	5. DATE OF BIRTH	6. AGE (IN LAST BIRTH		NDER I YR. IF UNDER	24 HRS. 2c. DATE	MONTH	DAY YEAR	1:51
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	UAL a. ST		13b. COUN		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	S		113
1		Md.			Balto.		YES NO	2426 Etti		21217	7
14	I. FA1	THER'S NAME		MIDDLE	LAST	H	15. MOTHER'S MAIDE	NNAME	DLE	LAST	
L		Vernon			ssell		Virginia			Bailey	
16	a. W.	AS DECEASED EVE	R IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRESS 2426	6 Etting	St.
L		No			220-24-8	3064	Virgini	a Russell		, Md. 212	
		18. CAUSE OF DEA	ATH (Enter on	ly one couse per line					DATE	APPROXIMATE BETWEEN ONSET	
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	П	BART 1 OTHER CICALETE	ANT CONDITIONS	CONTRIBUTING TO DEATH I	OUT NOT RELATED TO THE TE	RMINAL DISEAS	SE OR CONDITION GIVEN IN PA	RT 1 (a).			
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	SICAL CERTIFICATION	19a. DATE OF OPE 21a. EXTERNAL CA UNDERLYING CONTRIBUTING C 21d INJURY OCCU WHILE NC AT WORK AT	USE WAS OR CAUSE OF E RRED T WHILE WORK	21b. TIME OF HOUR A.M DEATH P.M 21e. PLACE C STREET, FACT	INJURY MONTH DAY YE. 19 PFINJURY (ATHOME.	21c. H	OW INJURY OCCURRE	CITY OR TOWN		YES X	NO []
	SICAL CERTIFICATION	19a. DATE OF OPE 21a. EXTERNAL CA UNDERLYING CONTRIBUTING C 21d INJURY OCCU WHILE NC AT WORK AT	USE WAS OR CAUSE OF I RRED OT WHILE WORK	21b. TIME OF HOUR A.M DEATH P.M 21e. PLACE C STREET, FACT	INJURY MONTH DAY YE. 19 DF INJURY (AT HOME, ORY, FARM, ETC.)	21c. H	OW INJURY OCCURRE	CITY OR TOWN	and in my	YES X	NO []
	MEDICAL CERTIFICATION	19a. DATE OF OPE 21a. EXTERNAL CA UNDERLYING CONTRIBUTING CONTRIBUTING CAT WORK AT 21a. I certify the death resulted free	USE WAS OR CAUSE OF I RRED OT WHILE WORK	21b. TIME OF HOUR A.M DEATH P.M 21e. PLACE C STREET, FACT	INJURY MONTH DAY YE. 19 DF INJURY (AT HOME, ORY, FARM, ETC.)	211. LC	OW INJURY OCCURRE OCATION STREET OSY	CITY OR TOWN In Inquiry Undetermined month	and in my o	YES (X)	NO STATE
	MEDICAL CERTIFICATION	210. EXTERNAL CA UNDERLYING CONTRIBUTING 21d INJURY OCCU WHILE AT WORK 270. I certify the	USE WAS OR CAUSE OF I RRED OT WHILE WORK	21b. TIME OF HOUR A.M DEATH P.M 21e. PLACE C STREET, FACT	INJURY MONTH DAY YE. 19 DF INJURY (AT HOME, ORY, FARM, ETC.)	211. LC	OW INJURY OCCURRE CATION STREET DSy	CITY OR TOWN In Inquiry Undetermined month	ond in my oner	YES (X) COUNTY apinian	NO STATE
	MEDICAL CERTIFICATION	19a. DATE OF OPEI 21a. EXTERNAL CA UNDERLYING 21d. INJURY OCCU WHILE AT WORK 22a. I certify the death resulted fro	USE WAS OR CAUSE OF I RRED OT WHILE WORK of I took chart	21b. TIME OF HOUR A.M. P.M. 21e. PLACE C. STREET, FACT	INJURY MONTH DAY YE. 19 DF INJURY (AT HOME, ORY, FARM, ETC.)	Autop Suicide	OWINJURY OCCURRE OCATION STREET OSY	CITY OR TOWN In	ond in my oner , DATI	YES (X) FOUNTY Appinion E 1/20/8	NO STATE
	MEDICAL CERTIFICATION	19a. DATE OF OPEI 21a. EXTERNAL CA UNDERLYING 21d INJURY OCCU WHILE AT WORK 22a. I certify the death resulted fro	USE WAS OR CAUSE OF I RRED OT WHILE WORK IT I took chart	21b. TIME OF HOUR A.M. P.M. 21e PLACE C. STREET, FACT	INJURY MONTH DAY YE. 19 OF INJURY (ATHOME. ORY, FARM, ETC.) tribed obove, held an Actident	Autop Suicide	OW INJURY OCCURRE OCATION STREET OSY	CITY OR TOWN In Inquiry Undetermined monit MEDICAL EXAMIN	ond in my one one one one one one one one one one	YES (X) PART 2) COUNTY appinion ENED 1/20/8 Md.	NO STATE

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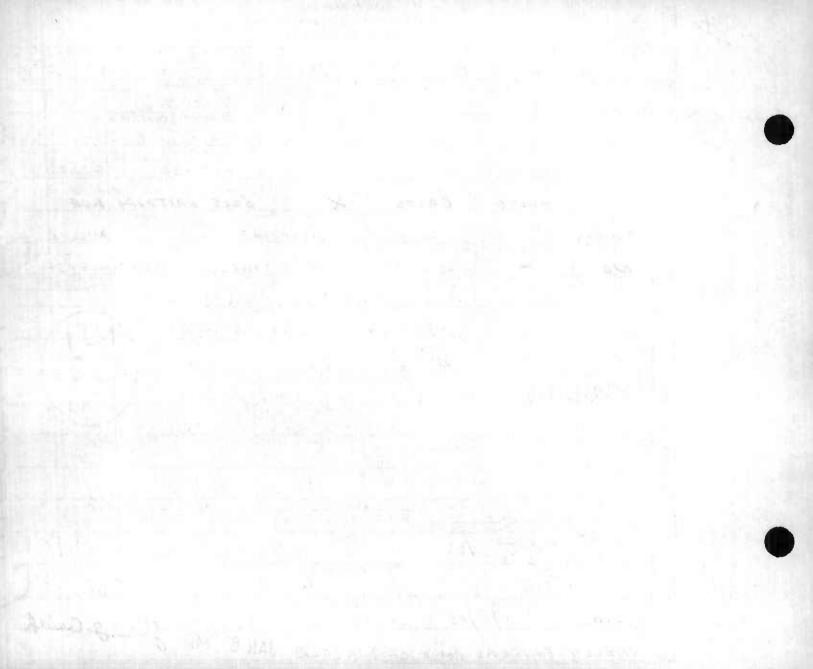


8728 Liberty Road Randallstown, MD. 21133

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	1				STATI	OF MARYLAND	Brown Salvall			19 19
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0 e 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		CEASED NAME FIRS		B.	6	NAIFC	2a. DATE OF DEATH	MONTH DA	Y YEAR 21	HOUR
or, page 3 offer death	3. SE		1. RACE	10.	5. DATE C		6. AGE IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
(A)	7a. B	IRTHPLACE (STATE OR FOREIGN	N 76 CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE CITY	YRS.	OF DEATH	
CAL	10. C	MAM LAND			WIDOWE		120. USUAL OCCUPAT		126. KIND OF E	MI BUSINESS OF
B B	1651	BALTIMORE AL RESIDENCE (IF NURSING HO	BALTI	MGRE L	ry Ho	SPITALS	RETIRE	SF WORKING LIFE)	GJA	
filled i	13a.	mD.	BALTO	130 CITY OR TO	WN	13d. INSIDE CITY LIMITS?		STAUR	21206 4 AUE	
Semine 2 sl	14. F.	ATHER'S NAME FIRST	MIDDLE	LAST RV.	1E.S	15. MOTHER'S MAIDEN N FIRST JOSEPH	WIDDIE		MILL	E.R.
Poges		WAS DECEASED EVER IN U.	S. ARMED FORCES? ES. GIVE WAR OR DATES)	212-12-	URITY NO.	MAUREEN .	ADDR			21224
physicion snpopers. emovol. event, the		18 CAUSE OF DEATH (Ent				piratu A	110 X Fuil	11 D		ATE INTERVAL ISET AND DEATH
00 0 5		4409		OR AS A CONSEQ	UENCE 911	11000	Distand	0	1	
d by the ottendin leose remove cort iol, cremotion, or or other troumotic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse to the course to the cour	te DUE TO, C	OR AS A CONSEQ	UENCE QF	1 how y	- Day	0	154	pri .
n signed by Then please to burial, a njury, or ath	7		_ (c)_	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	-101		IN PART 118	1
rmit. prior	CERTIFICATION	190. DATE OF OPERATION	196 COND	13 1 0 8 DITION FOR WHICE	H OPERATIO	109 CM	200 AUTOPSY?	20b. IF YES, V	WERE FINDING ING CAUSES OI	S USED
cote hos onsit per Hygiene 18 shows	CERTIFI	210, ACCIDENT WAS UNDERLYIN				21c HOW INJURY OCCU	YES NOTER NATURE OF INJURE	YES		NO []
rriol-tr	WEDICAL	OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED	MINER) P	.M. MONTH I .M. OF INJURY	DAY YEAR	21f LOCATION				
se as the buselth ond Marked or	WE	WHILE NOT WHILE AT WORK	TAT HOME ST	REET, FACTORY, OFFICE	, FARM, ETC)	STREET	CITY OR TO	IWN	COUNTY	STATE
for u of He 21 is		22a.1 certify that (I) (this sow the deceased alignment of the control of the con	ve on	.19	83.	d that in (my) (our) opinion	n death occurred on the d	ote and hour c		ot (1) (we) los uses stoted
CAL DIRECTOR OF DIRECTOR OF Dept.		THE SIGNATURE S	ATA.	na	(DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE SIG	SN 83
FUNER old be h the St		THE PHYSICIAN'S NAME	Offa t	1		220 ADDRESS BOL	Xim CT	4	0311	ful,
	23a.	BURIAL, CREMATION, REMO	OVAL IM DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN BAL		COUNTY	STATE
BP		BURIAL UNERAL DIRECTOR		ADDRESS	LOUI	25a. DA	TE REC'D BY RECISERAR	25b. 80948 CC	DE STATUR	interior .
VRA 15, 4)	C	ONNELLY	FUNERAI	L HOME	OF D	UNDALK	IAN 6 1983	0		



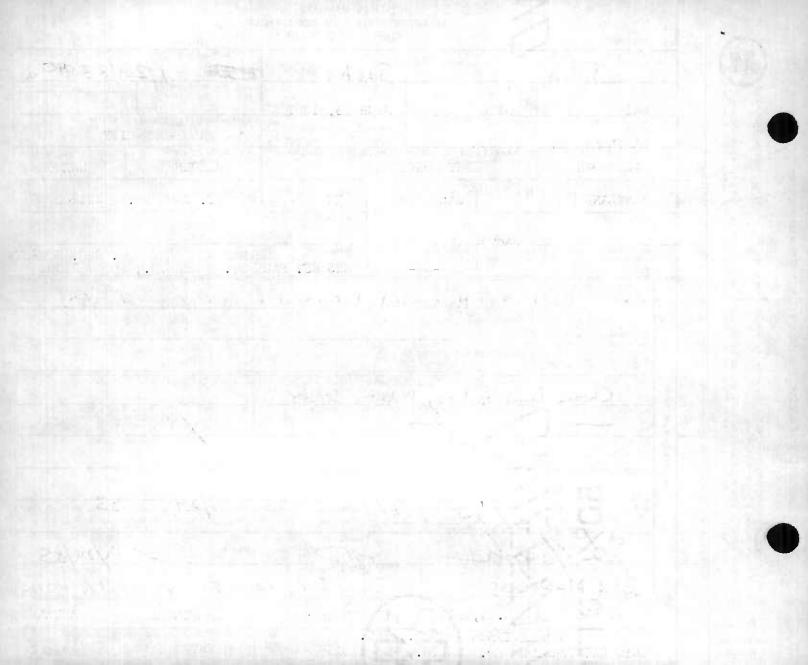
6010 REISTERSTOWN RD. BALTO., MD 21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

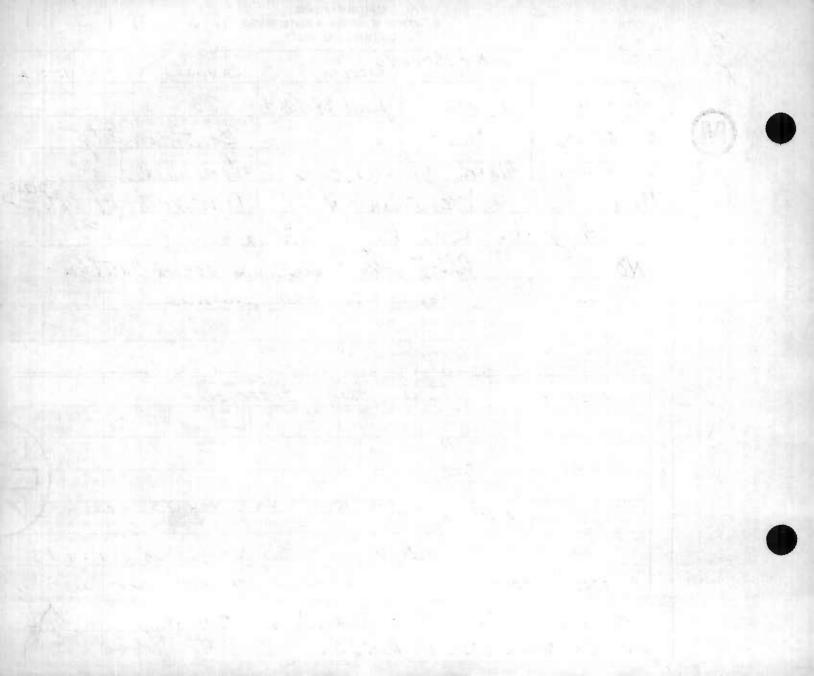
FOR

(VRA 15, 4)



)	fter deoth, Poge, 4
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	1	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Poggs, a
CORDS, 201 W. PRESTON ST., B		w requires that the death certifica
DIVISION OF VITAL RE		TO HOSPITAL OR ATTENDING PHYSICIAN. The lov
		TO HOSPITAL OR

		FOR		STATE OF MARTLAND	6%	63 1 2 1
7/	1	STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		0134
10	1. DE	CEASED NAME FIRST	/ WMIDTLE /	LAST LAST	REG. NO 20 DATE OF DEATH	
7/5	(TYP	OR PRINT)	AKH STOR	SALEETA		
0 0	3 SE			5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	170 1200
2 5		Fornalo	homena	(NONTH DAY YEAR	110	MONTHS DAYS HOURS
(7a. B	RTHPLACE (STATE OR FOREIGN)	76 CITIZEN OF WHAT COUNTRY?	Juil 30 1404	D BALTHAODE CITY OF	YRS -
	15	DUNTRY) + 140 M	9 366 4	MARRIED NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH
	10. C	ILY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER HISTITUTION	12a USUAL OCCUPATIO	tose cuy
11 49	X	Sactemore	UNDT IN SUCH FACILITY, GIVE STREET AD	DRESS)	TYPE WORK FOR MOST OF	ON 12b. KIND OF BUSINESS
BS		AL RESIDENCE (IF NURSING HOME OR 17)			13e. STREET ADORESS	out Star
200	14. F/	THER'S NAME	1	15. MOTHER'S MAIDEN NAM		C PICE
11500	1	Alle slass	Apr. 12 bak	On Tools	WIDDLE	Plast
D # 0			MED FORCES? 166 SOCIAL SECURI	TY NO 4-17, INFORMANT	ADDRES	S
The Page	1	(ES, NO PHUNKNOWN) (IF YES, GIV	E WAR OR DATES) 220-30-1	465 Luniele XI	inal anno	No PUSTE GO.
ol.		18. CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), and (rist grander it is	2314	APPROXIMATE INTERVA BETWEEN ONSET AND DE
phys mov went,		PART I. DE ATH WAS CAUSE	D BY:	1	FAILURE	BETWEEN ONSET AND DE
ling properties tice		42 On IMMEDIAL			1111	
on, c		Conditions, if ony, which	DUE TO, OR AS A CONSEQUEN	CE OF		
motion tro		gove rise to immediate) (b)			
by the		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUEN	CE OF		
or o		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTIONS TO BE	ATIL BUY LIOY BELLETING		
Then print to bu	NO.	ANCHIA	URINARY	ATH BUT NOT RELATED TO THE TERM! TRACT TWF	EGION	ITION GIVEN IN PART 1(0)
prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O			20b. IF YES, WERE FINDINGS USED
nsit per giene shows	重				YES NOT	IN CERTIFYING CAUSES OF DEATH?
OTO	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURR		
# 10 E E	A.	OR CONTRIBUTING CAUSE OF DEA		YEAR 19		
	EDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		
buri buri Mer	₹	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE FAR	M ETC) STREET	CITY OR TOW	N COUNTY STATE
	_	AT WORK				13 . 92
o A D		22a. L certify that (1) (this hasnut	ol) ottended the deceased from	JAV - 15 10 83	VAU.	
o A D		sow the deceased alive on	VAU. 23 10 8	7	enth occurred on the dat	
o A D		sow the deceased alive on obove, (I) (we) (did) (did not	VAU. 23 10 8	3, and that in (my) (our) opinion d	eoth occurred on the dot	e and hour and from the couses state
DIRECTOR: After this ched for use as the burner of Health and M them 21 is marked or		sow the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE	view the body ofter death.	3 , and that in (my) (our) opinion d		e and hour and from the causes states
DIRECTOR: After this ched for use as the burner of Health and M them 21 is marked or		sow the deceased alive on obove, (I) (we) (did) (did not 22b. SIGNATURE	view the body offer death.	3 , and that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	e and hour and from the causes state. 22c. DATE SIGNED
DIRECTOR: After this ched for use as the burner of Health and M them 21 is marked or		sow the decessed alive on obove, (1) (we) (did) (did not 22b. SIGNATURE	view the body offer death.	3 , and that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED 1-23-63
UNERAL DIRECTOR. After this id be detoched for use as the by the State Dept. of Health and M NRTANT: If them 21 is marked or		sow the decessed alive on obove, (1) (we) (did) (did not 22b. SIGNATURE	view the body offer death.	3 , and that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	/ 47
DIRECTOR: After this ched for use as the burner of Health and M them 21 is marked or	23a 8	sow the decessed alive on obove, (1) (we) (did) (did not 22b. SIGNATURE	view the body offer death. PRINT; SOARES	3 , and that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA GEW. HOSP.	222. DATE SIGNED 1-23-63 BALT. MD-2/2
UNERAL DIRECTOR. After this id be detoched for use as the by the State Dept. of Health and M NRTANT: If them 21 is marked or	23a 8	sow the decessed alive on obove, (1) (we) (did) (did not 226. SIGNATURE 22d. PHYSICIAN'S NAME TYPE OF C. VERGARA	view the body offer death. PRINT; SOARES	3 , and that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN 22e ADDRESS V. CHAPLES	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED 1-23-63
UNERAL DIRECTOR. After this id be detoched for use as the by the State Dept. of Health and M NRTANT: If them 21 is marked or	23a 8	sow the decessed alive on obove, (1) (we) (did) (did not 226. SIGNATURE 22d. PHYSICIAN'S NAME TYPE OF C. VERGARA	view the body offer death. PRINT; SOARES	DEGREE ATTENDING PHYSICIAN 22e ADDRESS N. CHAPLES ME OF JEMETERY OR CREMATORY T. WARM COMM.	MEDICAL STAFF DIRECTOR PHYSICIA GEW. HOSP.	222. DATE SIGNED 1-23-63 BALT. MD. 2/2



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0	W	63	C.

-1	Jel	REGISTRAN			CERTIF	ICATE OF	DEATH	REC	5. NO.			
		CEASED NAME (DEPRINC)	LILLIAN	MIDDLE M.	SAN	IDS		JANUARY		.983	4:50	
1	F	EMALE	4. R/	HITE	S-DATE C		1903	6. AGE (IN YEARS LAS	YF		S HOURS	MIN.
4	20	ARTLAN	0 0	CITIZEN OF WHAT COUNTI	WIDOWE	D	MARRIED	BALT!	MORCOU	E /	ND.	MD.
1	B	ALTIM	ORE C	NAME OF HOSPITAL, NUM IF LOT IN SUCH FACILITY, GIVE STI	HOME	HOS	PITAL	12g USUAL OCCUP	PATION OST OF WORKIN	NG LIFE) 126 KINE	OF BUSINE RY	SSOR
5	10	RYLAND	136 COUNTY	R INSTITUTION GIVE RESIDENCE BE		13d INSIDE YES [X	CITY LIMITS?	13 STREET ADDRE	s LUZ	ERNE	224 AV	E.
1	6	FHTAM	IN PA	RLETT LAST		RACI	SMAIDEN NAM	TURP	in		LAST	
1	Hu. V	VAS DECEASED EV			8681A	ELS!	E SIW	A 920	2 A	NENWO	20/0-	#37
		PART I. DEATH	ATH (Enter only on WAS CAUSED BY IMMEDIATE CA			AC FA	LURE			APPR BETWE	Oximate inter EN ONSET AND	VAI DEATH
		Canditians, if a gave rise ta i cause (a), sto underlying cau	my, which mmediate ting the	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSE								
	NO	PART 2 OTHER SI	GNIFICANT CONE	DITIONS CONTRIBUTING	O DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR C	ONDITION	GIVEN IN PART	1ta-	
7	CERTIFICATION	19s, DATE OF OPER	MOLTAT	196 CONDITION FOR WH	ICH OPERATIOI	WAS PERF	DRMED	206 AUTOPSY?	INCE	YES, WERE FINERTIFYING CAUS	DINGS USED ES OF DEAT NO	H?
1	2.70	210. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER NOTIFY M	CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW 1	NJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM	A 1B PART I OR PART	2)	
	MEDICAL	21d INJURY OCCU	JRRED :	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFI	CE, FARM ETC)	21f LOCAT		CITY C	OR TOWN	COUNTY	51	TATE
			(I) (this haspital) ased alive an	ANUARY 21		BER 30 d that in (my		, ta JANU/ eath accurred an th		haur and from t	, that (I) (v he causes sta	ve) ast ted
		22h SIGNASORY	189 or	mley		DEGREE	ATTENDING _		STAFF 1	O 22c. DA	_	3
		PAI	JL E. GOR	RMLEY, M.D.		22e ADDRE	CHOICE	H HOSPITA BROADWAY	. —	TIMORE,	MD. 2	21231
	23a B	PURIAL CREMATION	N, REMOVAL 23	124/1983 C	PARDE	H OF	CREMATORY THIS	23d LOCATION	ino	RE Co	M	ð.
	X /3	HERAL DIRECTOR	L. KAC.	ZO ROWS FORE	25251	FLEET.	P. 250 DATE	N 25 198	AR 25b. RE	SISTRAR'S SIGN	ATURE CALL	A

DHMH - 16 50M 1/B1 (VRA 15, 4)



	1	REGISTRAR			CERTIFI	CATE OF DEATH	REG. I	40		
		CEASED NAME FIRS	ī	MIDDLE	, u	NST .	20 DATE OF DEATH		DAY YEAR	2b. HOUR
	(TYPE	WILLIA.	m A.	SATTE	ERFI	ELD	JAN.	21,1	983	
	J. SE		4 RACE	, , , , -	5 DATE O	F BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	F UNDER I YEAR	IF UNDER 24 H
10		m	W		MONTH	/26/16 YEAR	66	YRS.	MONTHS GAYS	HOURS MIN
40	(i)	MINITACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
3	re	W. VA.	US	A	WIDOWE		BALT	-0, 0	CITY	
200	II C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST			F BUSINESS
L	6	BALTO	22			FIELD	(TITE OF WORK FOR MOST	O, 11 OKK 11 O E	DISA	BLED
28	USU 13e	AL RESIDENCE (IF NURSING HO STATE 136 C	OME OR OTHER INSTITUTION	IJE CITY OR TOW		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	14.5		5/3
0		MD.		BALT	0.	YES NO	2205	WE	STFIE	LOR
200	14. F/	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		A LAS	T.
	(LAY 3	PATTEI	RFIELD	>	ALLIE	HUFF	MAI	V	
1		WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT			1815	STEVE
1		VNK		236 03	9680	JERRY SAT	TERFIELD	E	DEEW	000 1
		IS CAUSE OF DEATH (Ent PART I. DEATH WAS C.	ter only one couse pe	r line far (a), (b), and	dici.	714			BETWEEN	MATE INTERVAL ONSET AND DEAT
		IMMI	EDIATE CAUSE (0)	Colon	7	maurio	7		100	11
ь		4100	DUE TO, C	RAS A CONSEQUE	NCE OF	0,-1		1	10	
		Conditions, if any, which		Emply	serie	Obstan de	u and r	stuch	۵ ا	
		gave rise to immediate cause (a), stating the	DUE TO, O	9/8 ACONSEQUE	NCE OF	1-0-16		1		
		underlying cause las	(te)	con 14	ulm	mac N	April	7		
	z	PART 2 OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING	DEATH BUT	NOT RELATED TO THE TERM	DISEASE OR CO	NDITION GIV	VEN IN PART 16	31
4	CERTIFICATION	190 DATE OF OPERATION	Line Contr	NTION FOR WHICH	OBERATION	N WAS PERFORMED	20a AUTOPSY?	Table 16 VE	S, WERE FINDI	IOS NOTE
1	FICA	ALO AL	Z IN COND	DITION FOR WHICH	OPERATION	A MAS PERFORMED		IN CERTIF	FYING CAUSES	OF DEATH?
4	ERT	710. ACCIDENT WAS UNDERLYIN	G 7 21b. TIME C	DE INTURY		21c HOW INJURY OCCUR	YES NO		ES 🗍	но 🗌
9		OR CONTRIBUTING CAUSE	OF DEATH HOUR A	M. MONTH DA	YEAR	THE HOW HAJORT OCCOR	KED (ENTER NATURE OF IN)	DRT IN HEM 10, F	PART OR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM		OF INJURY	19	211 LOCATION				
	ME	WHILE TO NOT WHILE T		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO)WN	COUNTY	STATE
		220 certify that (I) (this		- d16-	1970	ļ	1/2/		83	let a start of
		saw the deceased also		Pec 198	32 00	d that in (my) (our) apinion	death accurred on the	date and hav		that (I) (we)
		obave, (I) (we) (did) (d	id not) view the body	after death.		DEGREE		3010 0110 1100	22c. DATE	
		Jan. 4	1 March	me n	20	ATTENDING .	MEDICAL ST.	AFF _	1/1	1/2
		THE PHYSICIAN'S NAME !	rem cor mode)		2,	PHYSICIAN E	DIRECTOR PHYS	ICIAN [1//-	/ /4 .
1		VIFT	HO PL	1N5.		205	(1) do	11/18	0,5	12/2/
1	22-	BURIAL, CREMATION, REMO	Table Date	122.1	LAME OF C	METERY OR CREMATORY	236 LOCATION		4	-
	230	(SPECIFY) BURGA	DVAL 736. DATE	107 36.1			CITY OR TOWN	0	COUNTY	STATE
	74 F	UNERAL DIRECTOR	1/24	100 m	EAD	OWRIDGE 1250 DAT	E REC'D. BY REGISTRA	RMSh. REGIST	RAR'S SEGNAT	AIRE À
19	4	NAME	110 -	ADDRESS ADDRESS	010	IAN	251983	Jan	L. Com	uk
	V	. G. CONNEL	chi s	300 M	ACE	JUAN	1000 //			

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3

STATE OF THE PARTY 2 10 10 270 0710 -4 D. Robertson ALL BREITS W SECENTERS AND SECURITY THE PROPERTY AND THE PROPERTY 236 V. YELF TERRY STITTER HELD A CELLS The second of the second of the second the 12 person was a few many and a second Et in lines I some commended that I in a contract was a company of the UAN 25 was for him of any

,		REGISTRAR CEASED NAME FIRST	MIE	DDLE	RTIFICATE OF DEATH	REG. NO 20. DATE OF DEATH		26 HOUR
y be	(TYPI	CLAREN		B SAV	AGE	JANUARY 1	5, 1983	8:201
- A		Male	White	5. D.	ATE OF BIRTH MONTH OAY OP VEAR OP	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	R IF UNGER 24 HRS
death, Po		Pennsylvania	USA	MA	ARRIED ARRIED DIVORCED	DATEMAN	R COUNTY OF DEATH	N
by the fu	B	ALTIMORE	JOHNS	HOPKINS H	OME OR OTHER INSTITUTION OSPITAL 21205	120 USUAL OCCUPATION (TYRE OF WORK FOR MOST OF RETIRED	ON 12b. KIND F WORKING LIFE) INDUSTRY	OF BUSINESS O
filled in hould be	130 3	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT	THER INSTITUTION, GI	Baltimore	YES NO	620 E. 31s	t Street 2	1218
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oe execu		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 1 WAR OR DATES)	201-01-808		Cornett 620		21218
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G PHYSICIAN: The low requires that the deal strending physician. er this certificate has been signed by the atterthe burial-trapisit permit Them please remained and Mental Hygiene privity and, creationists and Mental Hygiene privity of other froughts or them 18 shows any injury or other froughts.	FICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 1973 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	DUE TO, OR A COLORDITIONS CON 196. CONDITI Unk 216. TIME OF HOUR A.M. P.M. 216. PLACE OF (AT HOME, STREE	AS A CONSEQUENCE CONTROLLING TO DEATH ON FOR WHICH OPER OWN CUTTER INJURY MONTH DAY Y INJURY I, FACTORY, OFFICE, FARM, ET	OF placement. H BUT NOT RELATED TO THE TER RATION WAS PERFORMED 1 216. HOW INJURY OCCU (EAR 19 211. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES TO PART 18 PART 1 OR PART 21	DINGS USED ES OF DEATH? NO
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ALOR ATENDING PHYSICIAN: The low requires that the deather has parted or attending physician. ALDIRECTOR: After this certificate has been signed by the attended for use as the burnal-transitionering permits Tiem please Telesched for use as the burnal-transitionering to Dept. of Health and Mental Hygiene prior trotylool, cremationering the Mem 21 is market or item 18 shows any injury, or other troup.	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 1973 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 21d. INJURY OF UNITY O	DUE TO, OR A (c)	AS A CONSEQUENCE SHATE CELLA STRIBUTING TO DEATH ON FOR WHICH OPER OWN CUTTER INJURY MONTH DAY Y INJURY I, FACTORY, OFFICE, FARM, ET	PLOCATION 211. LOCATION SIREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO NO RRED (ENTER NATURE OF INJUR CITY OR TO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES RY IN ITEM 18. PART 1 OR PART 2) WN COUNTY 22c. DAT	DINGS USED ES OF DEATH? NO STATE
OR ATTENDING PHYSICIAN: The low requires that the dealer haspital or attending physician. DIRECTOR: After this certificate has been signed by the otten other for use as the buriol-transitioner mit after phease remove Dept. of Health and Mental Hygiene prior to burial, concluding them. I hem 31 is markets or them 18 shows any injury, or other trought.	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO. 190. DATE OF OPERATION 197. 1973 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospite saw the deceased allive on above, (1) (we) (did)/(did not)	DUE TO, OR A (c)	AS A CONSEQUENCE SHATE COLUMN AS A CONSEQUENCE SHATE COLUMN AS A CONSEQUENCE AS	Placement. BUT NOT RELATED TO THE TER MATION WAS PERFORMED TY MEAR 19 211. LOCATION SIRRET 19 211. LOCATION SIRRET 19 DEGREE ATTENDING	200 AUTOPSY? YES NO NO NO NO NO NO NO NO NO NO NO NO NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES RY IN ITEM 18. PART 1 OR PART 2) WN COUNTY 22c. DAT	STATE



no tit Male X cons lu nia St etired etired saleinore x 20 E. 31st treet :1215 'ar Land'e Sees And And mail it 201-01-021 as. Janet Cornett 620 s. 31 st. 21218

A. Alan Seitz, r. 3018 toland tre. 21211

Erial 1/20/83 Cedar Hill Cem. len Burnie ur Lund

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR 12:15^A (TYPE OR PRINT) JANUARY 4, 1983 ,1 OHN SCANL ON ELMER 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS HOURS MALE WHITE APRIT. 1919 8. 62 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED BALTO., MD. U.S.A. BALTIMORE CITY WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR HE CITY OR TOWN OF DEATH 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY CHURCH HOSPITAL, INC. BATTIMORE CONSTRUCTION CARPENTER USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e, STREET ADDRESS BALTIMORE 136 COUNTY 13d INSIDE CITY LIMITS? MARYT AND 401 N. LAKEWOOD AVE. YES X NOF 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE EIRST LAST DANTET JOHN SCANT ON HILLIA FADER ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 212.12.5825 ELIZABETH ANN SCANLON SAME AS 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ACUTE MYOCARDIAL INFRACTION DUE TO, OR AS A CONSEQUENCE OF MYOPATHY CARDIO Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC CARDOIVASCULAR DISEASE underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [21g. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

190 DATE OF OPERATION

AT HOME STREET, FACTORY, OFFICE, FARM ETC)

HOUR A.M.

P.M

21ª PLACE OF INJURY

1/4/1983

216. TIME OF INJURY MONTH DAY YEAR

83

19

211. LOCATION

GREEN MOUNT CREMATORY BALTIMORE

CITY OR TOWN

(our) opinion death occurred on the date and hour and from the causes stated

COUNTY

STATE

21231

220.1 certify that (I) (this hospital) attended the deceased from XXXXXIII ARX 12/29 sow the deceased live on JANUARY 4. obove, (1) (we) (tid) (did not) view the body ofter death. 27h SIGNATURE

21d. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

CREMATION

FOR

NO

CERTIFICATION

8

10

MPORTANT

3. SEX

DEGREE

DIRECTOR PHYSICIAN

JANHARY

22c. DATE SIGNED 220 ADDRES CHURCH HOSPITAL CORPORATION

ATAOLIAH NAZEMI

23c NAME OF CEMETERY OR CREMATORY

and that in (my)

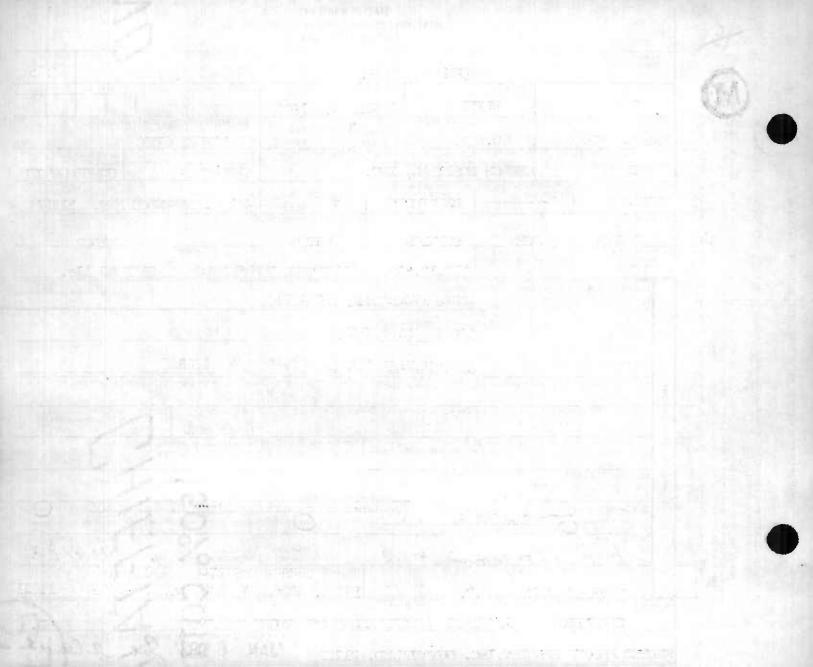
BALTIMORE, MARYLAND 23d LOCATION

24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2

MD. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR

BP (VRA 15, 4)

WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

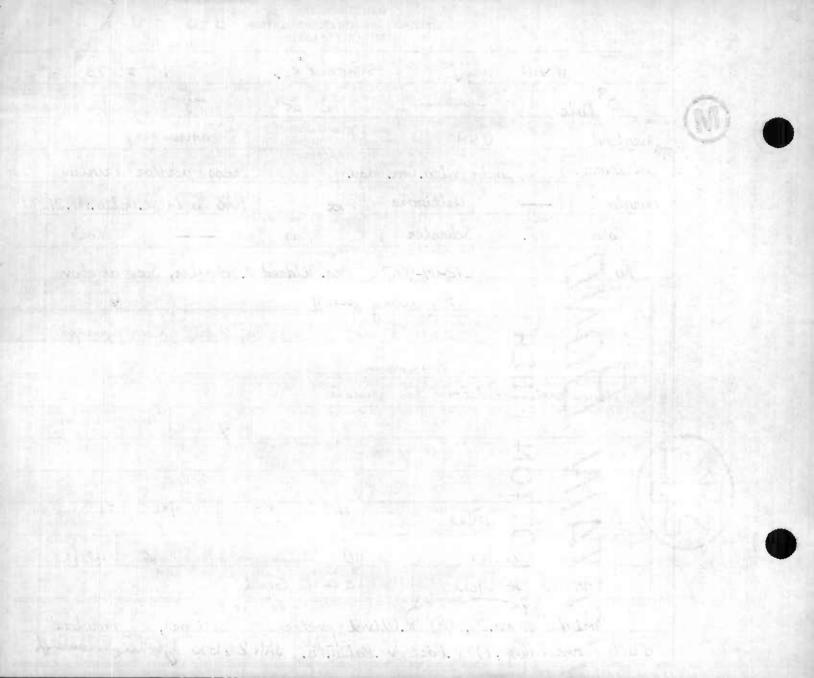


(VRA 15, 4)

STATE OF MARYLAND

CV 154 COURSEASON STOR - DESCRIPTION OF THE - 13-5 ACT AND CONTRACT OF THE COURSE OF T de de la company The state of the s

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	1-	FOR STATE REGISTRAR		DEPARTN	CERTIFICA		MENTAL HYGI DEATH	REG. No	0	1 3	4/
		CEASED NAME FIRST	1	WIDDLE	LAST			20 DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR
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_	3. SE	1 7	4 RACE		5. DATE OF B			6. AGE (IN YEARS LAST BIR	THDAY) IF	F UNDER I YEAR	IF UNDER 24 HRS
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7	56	OUNTRY)	76. CITIZEN	OF WHAT COUNTRY?	MARRIED WIDOWED		VORCED	9 BALTIMORE CITY O	CITY	OF DEATH	M
16	100	Baltimore	11. NAME (IF NOT IN	OF HOSPITAL, NURSIN ISUCH FACILITY, GIVE STREET, th Balto. Ge	ADDRESS)		TITUTION	120. USUAL OCCUPATION OF WORK FOR WOST OF WORK FOR WORK FOR WORK FOR WOST OF PRESS OPEN	F WORKING LIFE)	12b. KIND OF	BUSINESS OF
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4200	14. FA	ATHER'S NAME	AHDDIE	C 1 LAST	15		MAIDEN NAM	MIDDLE			
W	0	John	6.	Scheeler			nma	MIDDLE		Kort	
io /		VAS DECEASED EVER IN U.S. A			RITY NO. 17	INFORMA	NT	ADDRE	SS		
med	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES	212-09-90	567	Mrs. M	lildadd	A. Scheeler	. Same.	as abo	ive.
the		18 CAUSE OF DEATH (Enter of	inly ane cause	per line far (a), (b), and	d (c).						AATE INTERVAL
The same		PART I. DEATH WAS CAUS	ED BY. ATE CAUSE (a)	Deanie	2	inest					AND DEATH
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tro.		gave rise to immediate)		0	7	7.	7		01	1
#		cause (a), stating the underlying cause last.	DUE TO	OR AS A CONSEQUE							
à	100	DART 2 OTHER SIGNIFICANT	(c)		morrier	7.051.4750	70 707 750				
Land.	z	PART 2 OTHER SIGNIFICANT		Lievasculo			TO THE TERMIN	NAL DISEASE OR CON	JITION GIVE	N IN PART IIa	
-	ATIC	190 DATE OF OPERATION		NDITION FOR WHICH	0		DAAED	200 AUTOPSY?	TABL IE VEC	WERE FINDING	06 11650
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4		OR CONTRIBUTING CAUSE OF DE	110110			ENOW IN.	JURY OCCURRE	ED (ENTER NATURE OF INJUI	LY IN ITEM IS PAR	₹1 : OR PART 2)	
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Ned o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		CE OF INJURY STREET FACTORY, OFFICE, FA		f LOCATIO STREET	N	CITY OR TO	WN	COUNTY	STATE
8		220.1 certify that (1) (this hasp	oital) attended	the deceased from		119	19 83	, ta	121 19	9 91 1	hat (I) (we) las
2		saw the deceased alive a	n	21/83 19	and th	nat in (my)	(aur) apinian de	eath accurred an the do	ate and haur	-	
. 1		abave, (I) (we) (did) (did n 122b. SIGNATURE	at) view the bo	ady after death.	DEG	REF				22c. DATE S	UGNED
=		for 1	Dul		mi	M A	TTENDING	MEDICAL STAF		1 1	83
2-		22d. PHYSICIAN'S NAME (TYPE	CORPORATION	12		e ADDRESS	PHYSICIAN	DIRECTOR PHYSIC	IAN	11/2/	0
081	3 3	KAREN	NEW	rta.)			to. Gen	1	(
1		MINEN	NEW	1010		J. LACE	w. Och	^			
	23a 8	URIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	AME OF CEME	TERY OR C	REMATORY	23t LOCATION		COUNTY	STATE
-		Burial	Jan.	25, 1983 Mt	Olivet	Come	tenu	Baltimon		Marule	and
/81		INERAL DIRECTOR	11			27 22/	258 DATE	REC'D. BY REGISTRAR		AR'S SIGNATU	IRE O A
	111	Cully Funeral	Home, 1	30 E. Fort	Ave. Ba	to.16	Z. JAN	4 1903	Jour	J- 100	mys



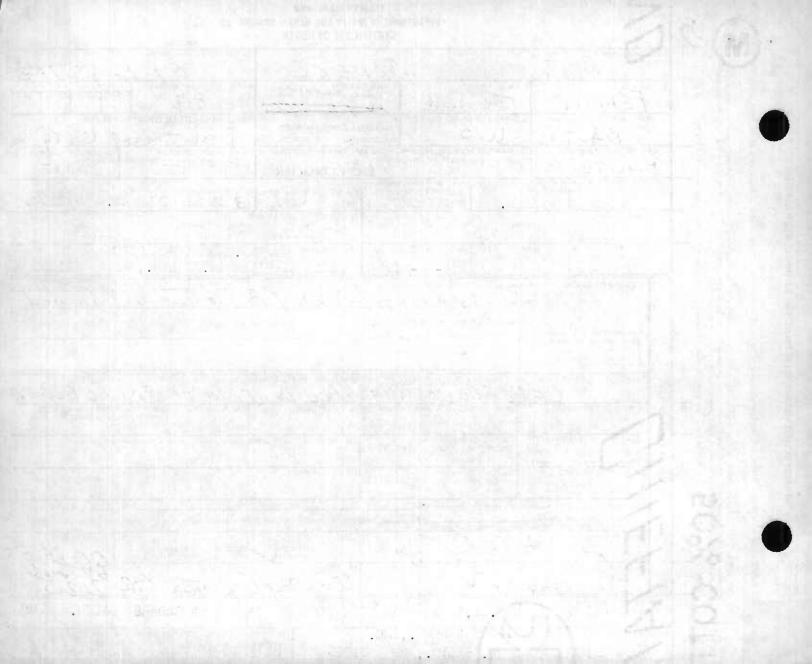
21215

6010 REISTERSTOWN RD. BALTO., MD

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



must be notified at ance

injury, or other troumatic event, th

IMPORTANT: If them 21 is marked ar them 18 shows any

BURTAT

STATE OF MARYLAND

1-	STATE REGISTRAR		DEPART		ICATE OF	DEATH	REG. NO.		
		RMELA.	MIDDLE SERESE	SCHLE	RETH L		20 DATE OF DEATH MONTH	P/83	26 HOUR 9 15 A
3 SE	X	4 RACE		5. DATE C		VEAD-	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HE
	MALE	WHIT	HE .	12 ^{NTH}	20	1935	47	MONTHS! DATS	HOURS MIN
Je BI	RTHPLACE (STATE OR F	OREIGN 76 CITIZE	N OF WHAT COUNTRY?	8. MARRIEI	D NEVER	MARRIED [9 BALTIMORE CITY OR COUNTY		577
	LTIMORE, M		S.A.	WIDOWE	D X O	OVORCED [BALTIMORE CITY		
BA	LTIMORE CI	TY BAI	AE OF HOSPITAL, NURSIN OT IN SUCH FACILITY, GIVE STREET LTIMORE CITY	HOSP		STITUTION	(TYPE OF WORK FOR MOST OF WORKING LIF	FE) INDUSTRY	WHSE.
130 S	AL RESIDENCE (IF NUR: STATE MD	BALTIMORI	TUTION GIVE RESIDENCE BEFORE 130 CITY OR TOW EDGEMEN	VN	13d INSIDE	CITY LIMITS?	130 STREET ADDRESS 1 A THOMAS LAN	E 2121	9
	THER'S NAME	MIDDLE	RANIERI	[R'S MAIDEN NA FIRST EPHINE	MIDDLE	TROVATO	ST)
160 V	VAS DECEASED EVER	IN U.S. ARMED FOR	CES? 166 SOCIAL SECU		17 INFORM	ANT	ADDRESS	2	20904
	NO	(IF TES, GIVE WAR OR DA	216.30.8	3889	CRAIG	M, DUD	A 11859 OLD COLU	MBIA PĪ	KE
	Conditions, if any gave rise to immocouse 101, stating underlying cause PART 2. OTHER SIGI	mediote ng the DUE	TO, OR AS A CONSEQUENCE CONTRIBUTING TO	ence of	Rrea		MINAL DISEASE OR CONDITION GIV	/EN IN PART 10	01
CERTIFICATION	190 DATE OF OPERA	TIÓN 19b. (CONDITION FOR WHICH	OPERATION	N WAS PERF	ORMED	IN CERTIF	S, WERE FINDIN FYING CAUSES ES	
AL	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH HO	TIME OF INJURY UR A,M. MONTH D P,M.	AY YEAR			RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART OR PART 2)	
MEDIC	WHILE NOTWAT WORK AT WORK	HILE []	PLACE OF INJURY OME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCAT STREET	ION	CITY OR TOWN	COUNTY	STATE
	sow the deceos	. /	ded the deceased from 19 body ofter death.	8 8. on	7 nd that in (my		deoth occurred on the date and hou		othot (I) (we) lo couses stated
	226. SIGNATURE	AME (TYPE OR PRINT)	Lillpen	M.	DEGREE	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED > 8/83
	15	ohn R. W.	itteens M	10	13	alter	more City H	to SPI	tal
	BURIAL, CREMATION,	REMOVAL 236. DA	ATE 23c.	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE

MOST HOLY REDEEMER

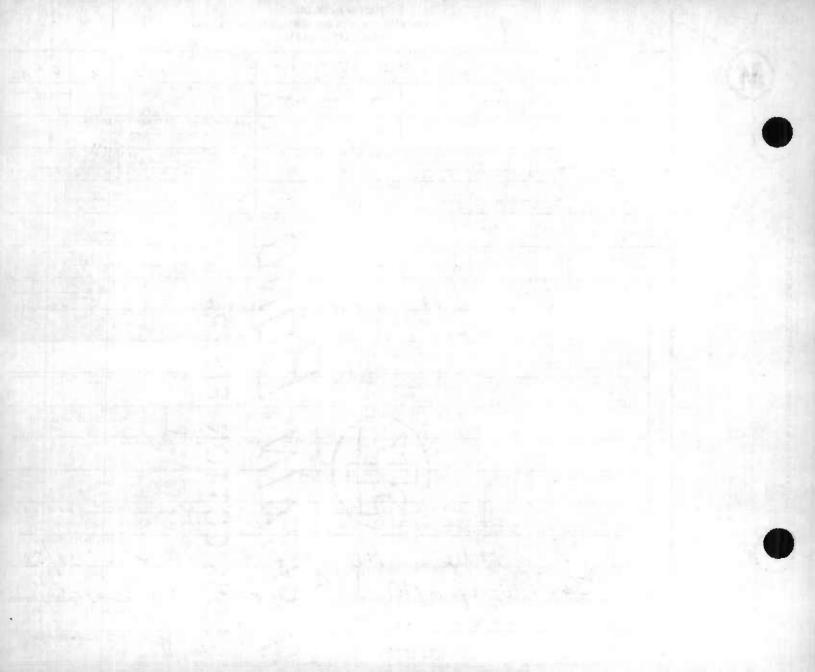
BP. DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR INC. DUNDALK, MD BROOKS BRADLEY,

1983

23d. LOCATION
CITY OR TOWN

BALTIMORE CITY, MD FEB 1 BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
T. DECEASED NAME FROM Cha		AITT	January 23,	1983 26 HOUR 1:00P
Male	White	S. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY) 75	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Maryland	U.S.A.	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	I Kaltimoro II	
Baltimore	409 N. Kenw	ING HOME OR OTHER INSTITUTION DOOG Avenue	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	176. KIND OF BUSINESS OR INDUSTRY Machine Sho
	OME OR OTHER INSTITUTION GIVE RESIDENCE BEFOR TO 13c. CITY OR TO 13c. CITY OR TO 15c.	imore 13d Inside City Limits? YES NO 1 15. MOTHER'S MAIDEN N		
Casper Sch	mitt S. ARMED FORCES? 166 SOCIAL SEC	Rosa Oli	cicheska ADDRESS	LAST
(YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES) 216-0	L-5124 Cliff Jac	ckson ll Lydia	Ct. 21208
Canditians, if any, whii gave rise to immedia cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENT (c)	uence of Death But not related to the ter	minal disease or condition gi	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN		H OPERATION WAS PERFORMED	YES NOTEX Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE. JIF ETHER, NOTHY MEDICALEXA 21d INJURY OCCURRED	DE DEATH HOUR A.M. MONTH	DAY YEAR 19 21c. HOW INJURY OCCU 21l. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
NOT WHILE AT WORK	LAT HOME STREET EACTORY OFFICE		CITY OR TOWN	COUNTY STATE
saw the deceased ali	hospital) attended the decrased fram we an191919	70/7, 19 5 33 and that in (my) (aux) apinion	2 , ta 1/23 , n death accurred an the date and ha	19, that (I) (w) last or and from the causes stated
220 PHYSICIAN'S NAME	B potenti		MEDICAL STAFF DIRECTOR PHYSICIAN	1/24/93
I /V	. Liberto , M.I		nk Street Ba	ltimore, Md.
230 BURIAL, CREMATION, REMO	OVAL 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIR DIPON Funeral Homes, Inc.

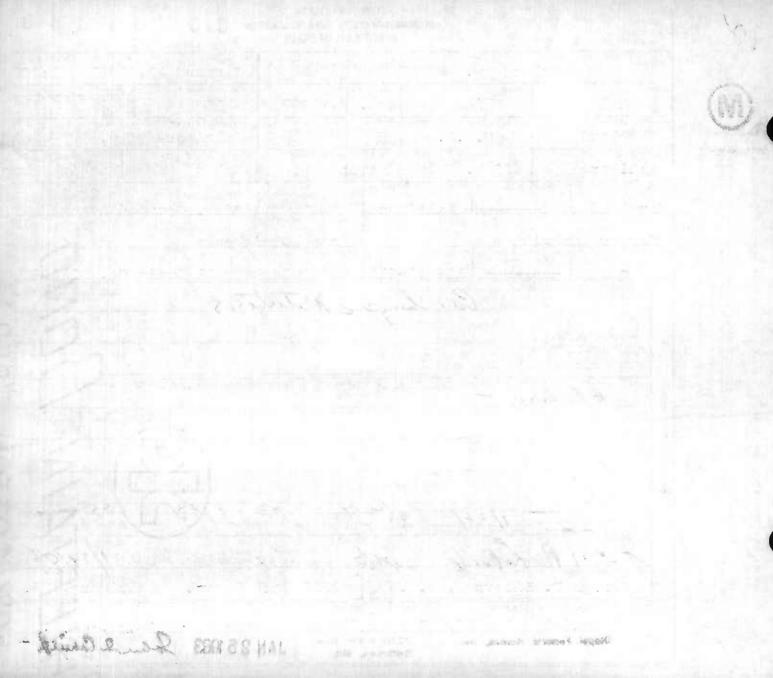
Jan

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OF TOWN

STATE

7110 Belair Road Baltimore, Md.



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Φ	∞ ಕ		OR PRINT)	FIRST		MIDDLE	L	AST	20. DATE OF DEATH,	MONTH DAY	YEAR	26 HOUR
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1.		3. SE:		1	I. RACE		5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
¥ 4	M/I)		Male		Whi		Nov	. 6, 1894	88	YRS.		
4	C		RTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY			
o it	and the second	_	Naryland			JSA	WIDOWE	DIVORCED [Baltimo	re City	/	, MD.
offer	PAG with		TY OR TOWN OF DEA		(IF NOT IN SU	CH FACILITY, GIVE STREET A	DDRESS]	R OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
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n 24 hg	filled build b	13a S	aryland	13b COUNT		13c. CITY OR TOWN	٧	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 4309 Buc		Dr.	21211
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DHMH - 16 50M 1/B1 (VRA 15, 4)

Burial

FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

1/15/83

23d LOCATION
CITY OR TOWN
Balto. County, MD

Dulaney Valley

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24 FUNERAL DIRECTOR Schimunek Funeral Home Inc.

Brehms Lane, Balto, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH 26 HOUR Jan. 12 1983 11:30 IF UNDER 1 YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City INDUSTRRental TTYPE OF WORK FOR MOST OF WORKING LIFET Store Owner Giftware 3212 McElderry St. 21205 Oeschler ADDRESS 00 N. Charles St. Catherine Thalheimer (niece) APPROXIMATE INTERVAL 3 months minth

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? FINTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21 COUNTY and that in (my) (aur) apinian death accurred on the date and haur and Iram the causes stated 22c. DATE SIGNED 13/83 COUNTY Balto. Md. 1/15/83 Sacred Heart Jesus Burial

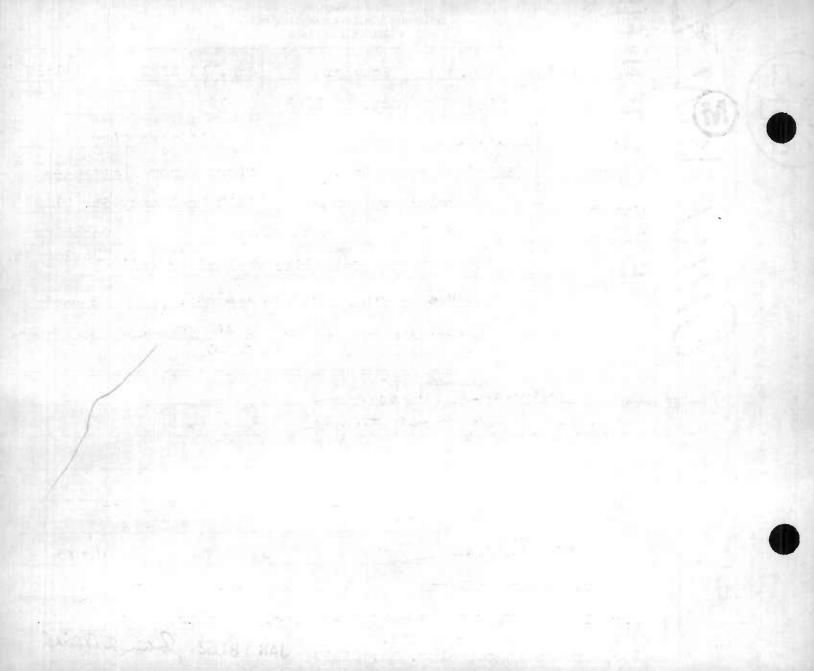
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(VRA 15, 4)



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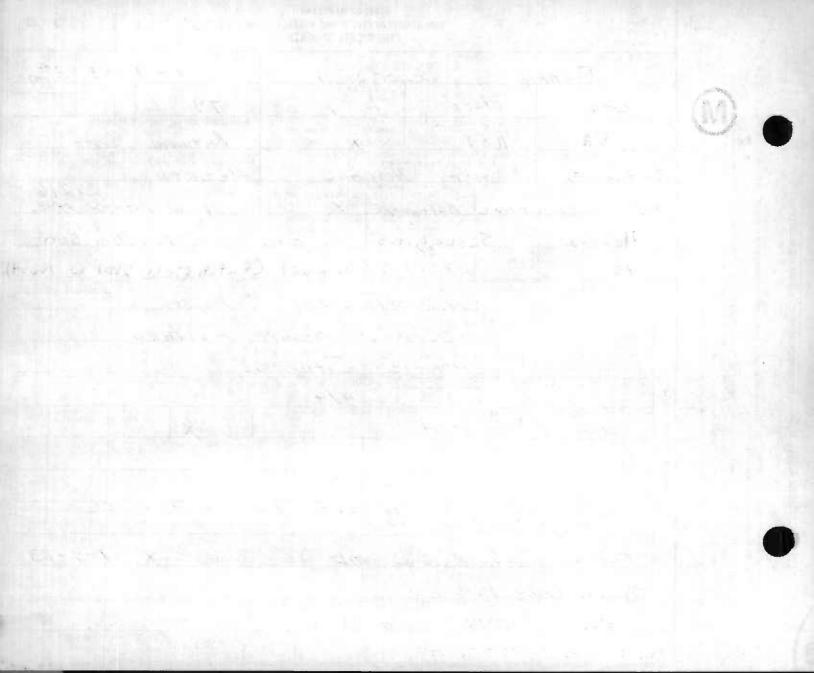
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rattending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should bethe than and Mental Hygiene prior to buriol, cremation, or removal. or them 18 shows any injury, or ather traumatic events the medical expansion, may be as	NOI	18. CAUSE OF DEATH (Ent. PART I. DEATH WAS C. IMMI Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying cause lost PART 2. OTHER SIGNIFICATION COUNTY (County)	DUE TO, C the lee lee lee lee lee lee lee lee lee l	OR AS A CONSEON OR AS A CONSEON ABD 6 MIA	UENCE OF		L SER	's is	2=	60 DAYS
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DHMH - 16 50M 4/B2 (VRA 15, 4)		INERAL DIRECTOR 16000 Annap	Beall lolis Rd.	, Bowi	Home e, Mc.	Ma 2	JAN 2	1 1983	EGISTRAR'S GON	shield

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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH I. DECEASED NAME MONTH YEAR 2b. HOUR (TYPE OR PRINT) JOSEPH 83 RICHARD SEMONE 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH DAY YEAR 55 22 27

7:00 AM 70-DIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH LISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Disabled Radio Disputcher Bultimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
1136 COLINTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Dalito 137 E. Brickhead >T 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE tyde 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT T, Mrs. Peggy Ann Semone, Same as # (YES. NOR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: respirato nou IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF pulmonan Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF infarction underlying cause last myscardia PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATI 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) STREET CITY OF TOWN NOT WHILE AT WORK 220.1 certify that (1) (his hospital attended the deceased from 19 8 3 and that in (my (our) ppinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL -12-83 STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

3001 S. Hanover St. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL edar Hill (emetery Baltimore. (SPECIFY) Jan. 15, 1983

Mc ulty Funeral Home, 130 E. Fort Ave. Balto

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

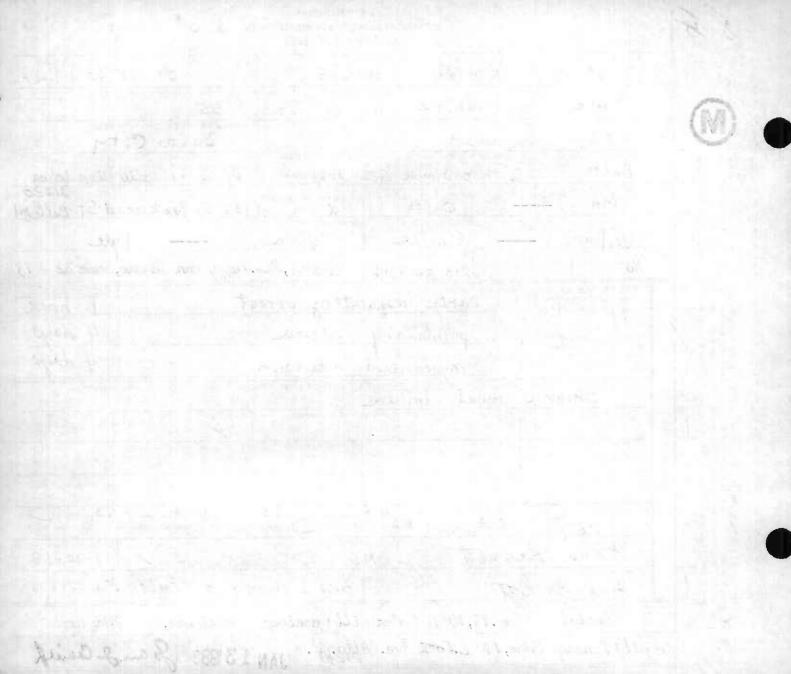
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- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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deoi deoi	raum		Conditions, if any	which	(b)_		Pro bub	e se	eptice	mia				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 WING PHYSICIAN. The low requires that the death certificate be executed within 24 hours of attending physician and completely filled in by when this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonopapers. Pages 1 and 2 should be file	l, cr		underlying couse	lost.	(c)		Blad	seu T	Tumou					
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No the ost	alth and marked		AT WORK NOT WHILE											
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OR ATTE e hospith DIRECTO	Hem Hem		22b. SIGNATUR	111.	611	Wille	1	DEGREE	and a	Marie I			224. DAT	SIGNED
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	14. FA	THER'S NAME	N	IDDLE	LAST	100	15. MOTHER'S MAIDEN NA	ME	DIF	LAS	· T
C		FRANK	MAR		SHANAHA	N	MARGARET	MAR		REIS	
		VAS DECEASED EVER		NED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	A	DDRESS		229
		YES	WW I	_	218-18	-5948	CHARLES V.	SHANAHAN	339 OA1	KLEE VI	LLAGE
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7	CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDI	CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	IN CERTI	S, WERE FINDING CAUSES	
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DHMH - 16 50M 4/B2 (VRA 15, 4)

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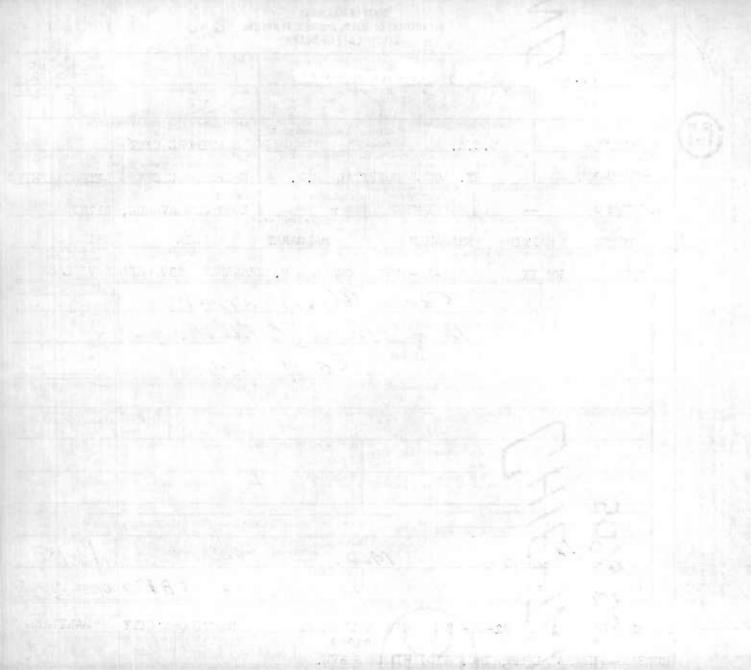
24. FUNERAL DIRECTOR

FUNERAL HOME TNC

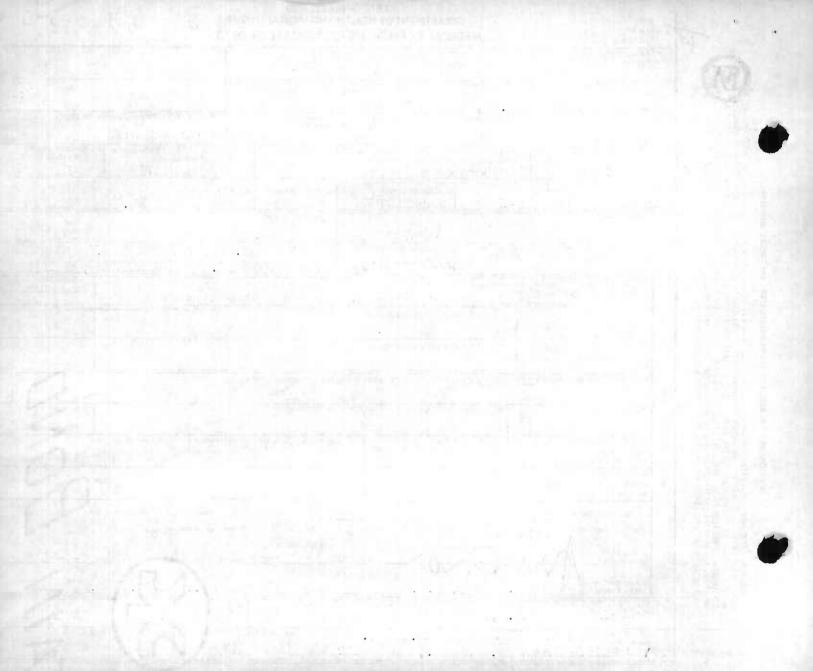
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ADDRESS

JAN 3 1 1983



20M 4/B2



page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTII	FICATE OF DEATH	REG. NO).				
1. DECEASED NAME FIRST	MIDE	DLE	LAST		MONTH DAY	YEAR	26 HOUR		
(TYPE OR PRINT) Alice	F	S. Si	1aw/	Januar	y 4,	1983	4:52		
3. SEX	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF L	NDER I YEAR	IF UNDER 24 HRS		
Female	Blac	ck 3	24 26	56	YRS.	THS DAYS	HOURS MIN.		
TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH	IAT COUNTRY? 8.	ED NEVER MARRIED	9 BALTIMORE CITY O		DEATH			
Marvland	U.S.A			Baltimore	City		MI		
10. CITY OR TOWN OF DEATH		SPITAL, NURSING HOME (OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF THE OF WORK FOR MOST O		12b. KIND O	F BUSINESS OF		
Baltimore	Maryla	ind General	Hospital	(TYPE OF WORK FOR MOST O	WORKING (IFE)	INDUSTRI			
WSUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU		e residence before admission) a. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 814 Chaune	y Avenu	ie 212	217		
14. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	WE					
Samue1	MIDDLE	Little	Latha	WIDDLE	V	Vinfie	ld		
160 WAS DECEASED EVER IN U.S. A		b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE					
(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	N/A	Carolyn Webb	915 Kevin	Road				
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF								
NO LATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITIO	ON FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20h. IF YES, WIN CERTIFYIN	IG CAUSES			
TIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFETHER. NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that M (this has sow the decepted alive o above. M) (will ideal in the source of the sou	HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET	MONTH DAY YEAR 19 INJURY FACTORY, OFFICE, FARM, ETC.) Regeased from Decem	21f. LOCATION STREET	city or to	vn 4 , 19.	COUNTY 83	STATE that X (we) las		
226. PHYSICIAN'S NAME (TYPE	ORPRINT)	Lane 1	DEGREE ATTENDING PHYSICIAN 272e. ADDRESS	MEDICAL STAF	IAN	22c. DAJE	SIGNED 5/83		
	A. Lane,			nd General	Hospit	al			
230. BURIAL, CREMATION, REMOVA	23b. DATE 1/10/8	83 Cedar	Hill Cem.	23d LOCATION CHYOR TOWN Baltimor	e_	Co.	STATE MD.		

DHMH - 16 50M 4/B2 (VRA 15, 4)

MPORTANT: If them 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR

FOR

Wm. C.March F/H Inc. 1101 E. North Ave

250. DATE REC'D. BY REGISTRAR 280 REGISTRAR'S SIGNATURE JAN 6 1983

Co. MD.

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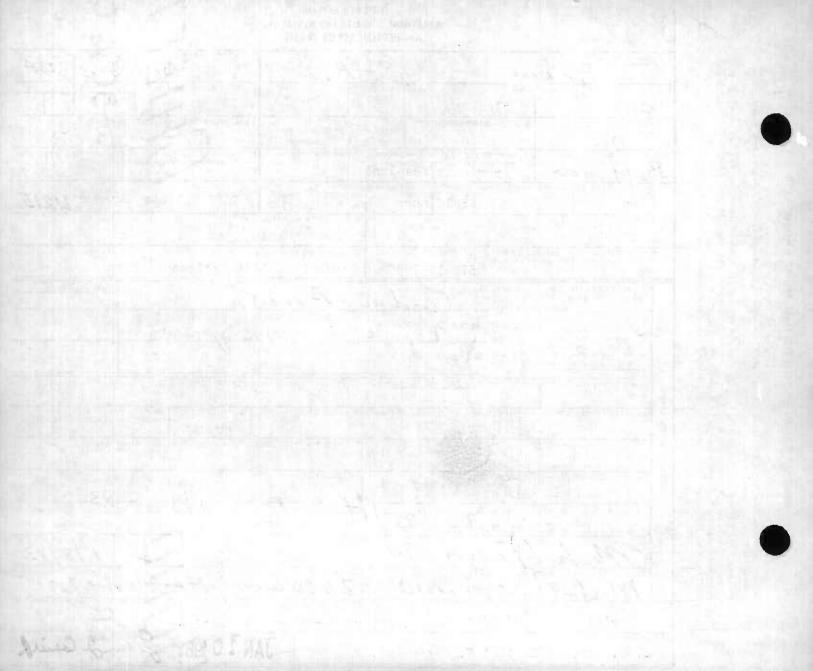
BP. DHMH - 16 50M 7/77 (VR A 15 (4))

MPORTANT: If them 21 is marked or Item 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	O.			
		CEASED NAME AFBY	MIDDLE	5/	+AW	20. DATE OF DEATH	01/08/8	3325AM		
,	3 SE)		Black	5. DATE C		6. AGE (IN YEARS LAST BIRT	MONTHS DA			
1	-	ale	76 CITIZEN OF WHAT CO	INTRY2 8	0 00		R COUNTY OF DEATH			
X		Fla.	USA	MARRIEI	D NEVER MARRIED D	CITY, Bulto, MD				
1	E	Baltimore	ON 12b. KINI FWORKING LIFE) INDUST	D OF BUSINESS OR RY						
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN MD	loway Avenu	1e 21215						
6	14. F.A		LAST							
/	(1	VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	AL SECURITY NO.	Mamie Shaw 3	ADDRE				
		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (o), storing the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CO	NSEQUENCE OF	Laryn	5 L 70 Spasi INAL DISEASE OR CON	DITION GIVEN IN PART	F 1(a)		
1	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	N WAS PERFORMED 200 AUTOPSY? 20b. IF YI IN CERT				
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	110110 4 44 4401	ITH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART	2)		
	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY		21f. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE		
		220-1 certify that (1) (this haspi sow the deceosed olive an obove, (1) (we) (did) (did no	118	19 3 , at	nd that in (my) (our) apinian	deoth occurred on the d	ote and hour and from	, that (I) (we) last the causes stated		
		Michael	Hoger	MP	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		18/83		
/		Michael	Koger, 1	MD	210. ADDRESS 2600 Li	berty He	ights Ave	22215		
	23a E	BURIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 1/13/83		emetery or crematory urn Cemetery	23d LOCATION CITY OF TOWN Baltimon	COUNTY	STATE MD		
		uneral director Jm. C. March F/H	1101 E. Ño	orth Ave.	25e. DAI	AN TO 1983	25b. REGISTRAR'S SIGN	Conich		



Gonce F.H. 4001 Ritchie Hgwy

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO FIRST Elizabe Trote Agnes asiS nearen 20. DATE OF DEATH MONTH YEAR 26 HOUR hearer IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY housewife home (21225)James (same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MIN 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF MART 2) COUNTY STATE

22c. DATE SIGNED

HANOVERST BU (to M)

Md.

Balto., Md. 21225

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

- STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

ESTE., LIE. LIZZ The second of the later was to strop it Soom . I. I pond injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 significant

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STATE OF MARYLAND		-,	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	3	
CERTIFICATE OF DEATH			

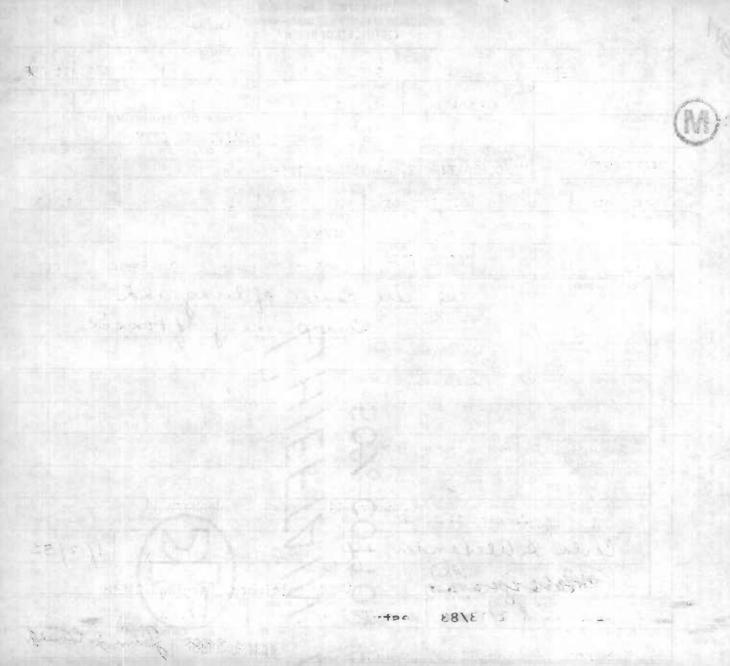
ij			STATE OF MARYLAND		2 -7 / 4
	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH		1 5 5 4
	1. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	
	(TYPE OR PRINT) Marguer			January 23, 198	DAY YEAR 26 HOUR
	3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IE UNDER 24 HRS
	Female	White	March 21, 1903	79 YRS	MONTHS BAYS HOURS MIN.
7:	Pennsylvania	U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City OR COUNTY	
1	Baltimore		URSING HOME OR OTHER INSTITUTION STREET ADDRESS) Coldspring Lane	120 USUAL OCCUPATION TYPE OF WORK FORMOST OF WORKING LIFT HOUSEWITE	12b. KIND OF BUSINESS OR
-	USUAL RESIDENCE HE NURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		
)	Maryland 136 COU	Balti	TOWN YES NO NO	1302 W. Old Cold	Ispring 21211
	14 FATHER'S NAME	MIDDLE LAS	15 MOTHER'S MAIDEN NA		
ď	John W. Storm	n	Lillie M.		LAST
	160 WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL	SECURITY NO. 17. INFORMANT	ADDRESS	
	No	213	20 1267 Lloyd W. She	arer 510 SweetGum	n Rd. Riva, Md.
	18 CAUSE OF DEATH (Enter o	nly one couse per line for (o), (t	b), and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSI	ED BY. (TE CAUSE (o) Coude	1 6		Minver
	4292 MMEDIA	(it caost to)			111111111111111111111111111111111111111
		DUE TO, OR AS A CONS	SEQUENCE		
	Conditions, if ony, which gave rise to immediate	(b)	1000		
	couse (o), stoting the	DUE TO, OR AS A CONS	EQUENCE OF		
١	underlying couse lost.	(c)		SEED BULLET	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	S TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 110
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
	ž l				YING CAUSES OF DEATH?
4	71g. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY	71r HOW IN IURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS P	
9			DAY YEAR	(ENTER NATURE OF INJURY IN TEM IS P	ART I OR PART 2)
	(IE EITHER NOTIFY MEDICAL EXAMINE		19		
	OR CONTRIBUTING CAUSE OF DE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	22a.l certify that (1) this hosp	uital\ attended the decensed for	10 C 3	2—-	1083 100 11.
	stiw the deceased to we are above it well did not	12/16	170	death occurred on the date and hou	r and from the couses stated
1	THE SIGNATURES	1	DEGREE		72c DATE SIGNED
1	1 Geolin	of Van	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	1/24/83
1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	122e ADDRESS	Sometion Ed Little Inches	1 1/27/01
	Dr. Richard	Diamond		tnut Avenue, Balt	imore, Md.
1	230 BURIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	Burial	1/17/83	St. Joseph Cemetery	Hanover, York	Co. Penna
	24 FUNERAL DIRECTOR	1-1-(10)		TE REC'D. BY REGISTRAR 2002 REGIST	
	Burgee Funeral H	ome, 3631 Fall		24 1983 Joan	I shelf

DHMH - 16 50M 1/81 (VRA 15, 4)

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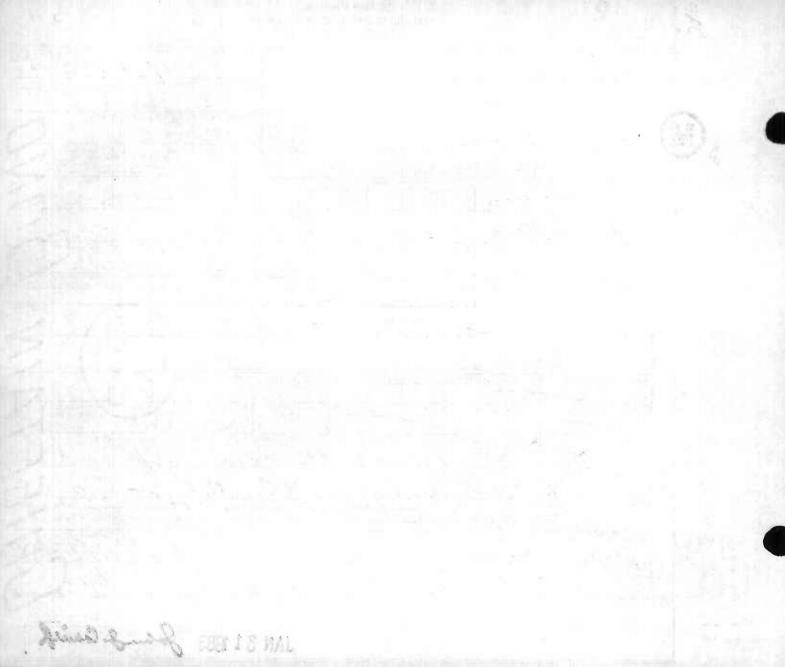
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STATE OF MARYLAND



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3	STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	YEAR 26. HOUR					
may be Poge 3 er death	Nayne	Edward	Shifflett	1/2	7/83 2:07 M					
may r, Po	3. SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS					
ge 4	Male	White	5 9 1958	24 YRS.						
P P P	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED X	9. BALTIMORE CITY OR COUNTY	OF DEATH					
	Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore Cit						
by the filed with	CITY OR TOWN OF DEATH Baltimore	Baltimore C.	ity Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE) Laborer-Harri	126 KIND OF BUSINESS OR INDUSTRY SON Steel Co					
2120 Pours John b	USUAL RESIDENCE (IF NURSING HOME CAN 130. STATE 136. OU	ROTHER INSTITUTION, GIVE RESIDENCE BE	OWN 136 INSIDE CITY LIMITS?	13e STREET ADDRESS						
Filles ould	Maryland Bal	timore Edger		2404 Sparrows	Pt.Rd. 21219					
erthur stely 2 sh	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LACT					
A P P P P P P P P P P P P P P P P P P P	Cecil McK	inley Shiff	lett Mary	Elizabeth	Buyny					
RE, Ideal	160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SI	ECURITY NO. 17 INFORMANT	ADDRESS2700	Yorkway Apt					
Pog P	No	216-72	2-5121 Mary E.Shi	fflett Balt	o., MD. 21222					
BALI ote b ore b years	18. CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b),	, ond (c).)	Sold Tomas	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Meepal Hygiene prior to burial, cremation, or removal. On the burial 8 shows any injury, or other troumotic event, the redical trepline ratiosible by the contraction of t	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: BETWEN ONSETAND DEATH DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CON									
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ORO regniser the control of the cont										
REC REC						196 DATE OF OPERATION	198 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	IN CERTIFY	ING CAUSES OF DEATH?
IAN: The II physicion. Inficote hos II Hygiene pl 18 shows						210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	1217 HOW IN ILLEY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAI	
	00.00.00.00.00.00	ATH HOUR A.M. MONTH	DAY YEAR	LED TENTER NATURE OF INJUNT IN TERM 15. FA	L. L.					
HYSIC Iding Is cer in the purion or in t	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M.	211 LOCATION	Touse cought	on Tire					
IISIC Intendent Intended of ond /		AT HOME STREET EACTORY, OFFI	ICE, FARM, BIO	P. CITY OR TOWN	COUNTY STATE					
OINO or of the of the	270.1 certify that (1) this haspital) entended the deceased from 1/22 19 3, to 1/27 19 6. that (1) (1) (1) (1)									
TEN OR SOLVE	saw the deceased alive of the deceased row as the deceased alive of the deceased alive o									
OR ATTEN e haspital DIRECTOR sched for u Dept. of the	abore, (1) (we) (didly dighot) view his body after death. 224. SIGNATURE DEGREE 221. DATE SIGNED									
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/27/93									
HOSPITAL ned by if FUNERAL sild be det the Store	THE PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR PHYSICIAN	1/2/100					
TO HOSPITA retoined by TO FUNERA should be do with the Sto	Klasson E	= () = 1	1: 0-11:	-a ('it	Hornita					
IMP With	230. BURIAL, CREMATION, REMOVA	23b. DATE 2	130 NAME OF CEMETERY OR CREMATORY	236 LOCATION	1100010					
BP	(SPECIFY) Burial	1/31/1983	Mt. Moriah Cem.	White Hall	Virginia					
9.5 11	24. FUNERAL DIRECTOR Duda			TE REC'D. BY REGISTRAN REGISTR						
DHMH-16 30M 2/80	Duua	TIUCH! TIIC.	11 A A1	17 7 4000						



BP. DHMH - 16 50M 1/81 (VRA 15, 4) FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

L HYGIENE	8	3
	1	_

		REGISTRAR			CERTI	ICAIL OI L	LAIN	REG.	NO.		
		CEASED NAME FIRST	ald '	C e.	CH	AST /	1= 00	20 DATE OF DEATH	MONTH	DAY /BAR 2	HOUR 5
-	3. SE.	× 17/15	4. RACE		5. DATE C	I N a C	2, 5%	6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR IF	UNDER 24 HRS
- 1		le	White		12	4	1920		2 yrs.	MONTHS DAYS H	OURS MIN.
2		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER	AAPPIED []	9. BALTIMORE CITY	11101	TY OF DEATH	
2		nnsylvania	U.S.A.		WIDOWE		VORCED	BAM	more	E 6/14	MD.
9	10. C	BAITI MORE CITY	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET GO	ADDRESS)	_		12a USUAL OCCUPA (TYPE OF WORK FOR MOS Millwri	OF WORKING		Steel
1	130. 3		or other institution. UNITY Ltimore	13c. CITY OR TOW Dunda	/N	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS		Avenue	2122
T		ailey	MIDDLE M.	Shind	le		s maiden nam First Debe	MIDDLE A.		Wils	on
11		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECT		17. INFORMA		ndle	RESS 730 Ba	02 Schoolto, MD	ol Ave 0. 212
7	ATION	Conditions, if ony, which gave rise to immediate cause [o], stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO, OF	R AS A CONSEQUE	ENCE OF			IER	20b. IF Y	ES, WERE FINDING	S USED
	CERTIFICATION	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME O	F INJURY M. MONTH D	AY YEAR	21c. HOW IN	JURY OCCURR	YES NO	,		NO [
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATED CALE EXAMINATION OF THE PROPERTY OF THE P	21c. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, 1 deceased fram	1/	211 LOCATK STREET	19.83	CITY OR , ta	22	-	STATE
		saw the deceased office obave. (If (we) (did) (did) (226,5) GNATURE (UM M 226 PHYSICIAN'S NAME (TYP) MAPS COS [E OR PRINT)	icia Ur		DEGREE	ATTENDING PHYSICIAN		AFF N	222. DATE SIC	
7	23a. E	BURIAL, CREMATION, REMOV,	AL 236. DATE	23ε.	NAME OF C	EMETERY OR	REMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
	C	remation	1/26/		Loudo	n Parl	ς	Baltim	ore		yland
			-Ruck,	MUDRESS			25a. DATE	REC'D. BY REGISTRA	R 251 REGIS	STRAR'S SIGNATUR	E .
	7	922 Wise Ave	enue D	undalk	MD.	2122	2 JAN	441983	John	which like	uk

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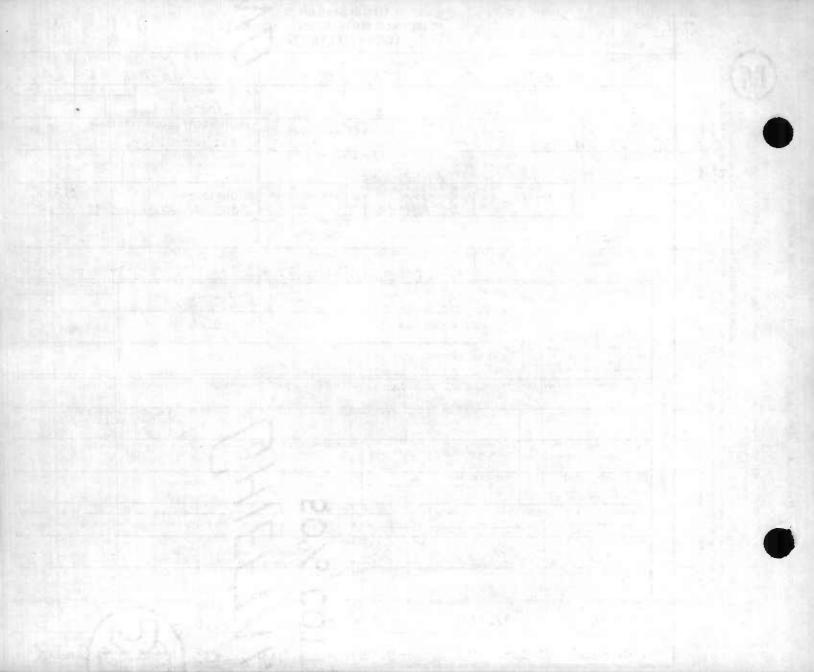
		REGISTRAR			CERTIF	ICATE OF DEATH	REG	NO.			
		CEASED NAME FIRST		MIDDLE	t.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR	?
	(1976	JEANN	ETE	M	SHI	PLEY		JAW	18 83	103	PM
	3. SE.	× Female	4. RACE BL	ACK	5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY) YRS.	IF UNDER 1 YEAR	HOURS	MIN.
		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8.	NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	TY OF DEATH		
5	2	laryland	05	SA	WIDOWE	7	Baltimon	re City	у,		MD.
2	10. C	BACTIMORIE		H FACILITY, GIVE ST		R OTHER INSTITUTION	12a. USUAL OCCUP. (TYPE OF WORK FOR MO		LIFE) 126. KIND C	F BUSINES	SS OR
5	~13a S	AL RESIDENCE (IF NURSING HOME STATE 13b, CO		13c. CITY OR T		13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	- 1	vedere	21215 A VE	2
20	14. FA	Johnnie	MIDDLE	Hans	on	Goldie	AME		Jack	son	
1		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIALS	ECURITY NO.	17 INFORMANT	ADI	ORESS	EL IAN		
		No	GIVE WAR OR DATES)	213-7	0-0006	William E. S	Shipley 303	37 W. I	Belveder	e Ave	enue
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED		line for to 1, (b)		reinoma o	ALung	>	APPROX BETWEEN	MATE INTERV ONSET AND D	EATH .
		Conditions, if ony, which	DUE TO, O	R AS A CONSE	QUENCE OF		0				
		gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OI	r as a conse	OUENCE OF						
	NO	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	a	
2	CERTIFICATION	190. DATE OF OPERATION	196 COND	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDI FIFYING CAUSES YES		
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF II	NJURY IN ITEM 18	PART 1 OR PART 2)	ij.	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY BEET, FACTORY, OFF	ICE, FARM, ETC)	211 LOCATION STREET	CITY OF	RIOWN	COUNTY	ST	ATE
		220.1 certify that (I) (this has sow the deceased alive abave (II) well (did) did	4 4 70		0-	d that i (my) (our) opinion	, 10	ode and ha		tho (I) we	
91		77h SIGNATURE	7M.	Most	m	A CONTRACTOR OF THE PARTY OF TH	MEDICAL S	TAFF SICIAN [27t. DATE	SIGNED	3
1		22d PHYSICIANYS NAME OF	FFREY	M. Moc	LMD	SINAI)	HOSPITAL				
X	23a. 8	BURIAL, CREMATION, REMOVA		2	3c. NAME OF C	EMETERY OR CREMATORY Auburn Cem.	23d. LOCATION CITY OF TOWN Baltimo		COUNTY	ST. Mc	ATE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Wm. C. March F/H Inc. 1101 E. North Avenue

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



DEPARTMENT OF HEATTH AND MENTAL HYGENE MEDICAL EXAMINER'S CERTIFICATE OF DEXTH MEDICAL EXAMINER'S CAPTURE OF DEX		1					MARYLAND				-1 .4	
DECEASED NAME	2	1-		441				6.4. 4.3	0	1 3	10	
VERNON SHORTER UNDER IT. BUNDER)	1.00				MEK.2						
SEX GRACE DATE OF BRITH SAME			PE OR PRINT)		MIDDLE			Or Or	ESTI-		10.1	HOUR
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(VR A15 ME (5)) DALL DALL COLLEGE BLANCE BLA	DHMH - 17	74 F		ATT E CANADRE	es en cala I		A DATE	7 2 4 1000	Z COBIRA	O P		
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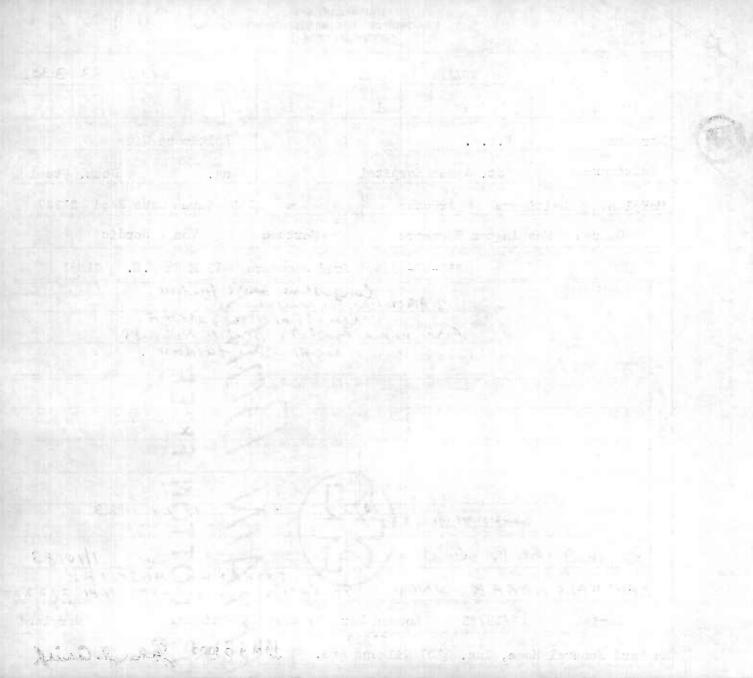
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and car should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	STATE OF MARYLAND		0	
FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE &	5	U	
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.		

					CERTIFIC	FICATE OF DEATH		REG. NO.			
	CEASED NAME E OR PRINT)	FIRST	٨	VIDDLE		LAST	20. DATE OF DE		NIH DAY	YEAR	2b. HOUR
(1110	CORPRINT)	FRED	R	OLAND		SHOWACRE		0	1-10	-83	3.3
3. SE	X	4	. RACE			OF BIRTH	6 AGE (IN YEAR	S LAST BIRTHDA		NDER 1 YEAR	IF UNDER 24
	Ma1e		Whit	e	MONT	7 16	67		YRS.	THS DAYS	HOURS
	IRTHPLACE (STATE OR	FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE	CITY OR C		DEATH	
	ryland	324	U.S.A. WIDOW				D-1+' C'+				
В	altimore		St.	Agnes Ho	spita	OR OTHER INSTITUTION	12a USUAL OC (TYPE OF WORK FO Eng.		ORKING LIFE)	INDUSTRY	Stee:
130 S	ALRESIDENCE (IF NUR STATE Cryland	Baltir	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Arbutus	N	13d. INSIDE CITY LIMITS?	13e STREET AD	ven 0	aks R	oad	21227
14 FA	George	Wasi	hington	Showacro	e	15. MOTHER'S MAIDEN N GERTLUGE		Von	Nord	ic LAS	Ţ
	vas deceased ever yes. no orunknown) NO		WAR OR DATES)	212-07-8		Fred Showa	ere 413	ADDRESS M St	N.E.	210	61
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 1 3 / CERTIFICATE OF DEATH

1 -	STATE REGISTRAR		43. 15. 15	CERTIFICATE OF DEATH REG. NO.									
	OR PRINT)	Mary	Mi	Ann	Sha	minski	20 DATE OF DEATH	MONTH D	Q 2	2b HOUR			
3. SEX	(11/04 /	4 RACE TIL.	1111	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIR	THOAY)	F UNDER 1 YEAR	IF UNDER 74 HI			
	Famalo		Whi	te	MONTH	OAY YEAR		AAC	ONTHS DAYS	HOURS M			
7n. BIF	RIHPLACE ISLATE	OR FOREIGN	Th CITIZENI OF W	HAT COUNTRY?	18	1597	9 BALTIMORE CITY O	YRS.	DEDEATH				
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	ennsylva		U.S.A.	DEDITAL MILIBERA	WIDOWED	State of the state	Baltimor						
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	altimore			Baltimore		ral	Housewife		Home				
13a S	AL RESIDENCE (IF N	13b COUN		IVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS						
Ma	rvland	2123		Baltimon		YES X NO	2512 South	hdene	Ave. 2	1230			
	THER'S NAME		****			15. MOTHER'S MAIDEN NA	WE	10.01-0					
	Patric		NIOOLE	Walsh		Popoppp	WIDDLE		Raff				
16a W	AS DECEASED EV		AFD FORCES? II	MALSII	IRITY NO	Ko seann	ADDRE	SS	nall	erry			
	ES, NO OR UNKNOWN)		WAR OR OATES)							0.4.0.0			
	No		[]	166-14-2	841 L	Mary Lou Cler	nents 2512 (Southd					
	18 CAUSE OF DE	ATH Enter and	y ane cause per li	ne far (a), (b), and	d Ichi		4		BETWEEN	MATE INTERVAL ONSET AND DE			
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DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

William E. Johnson 8521 Loch Raven Blvd.

JAN 31 1983

John J. Cohelf

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DHMH

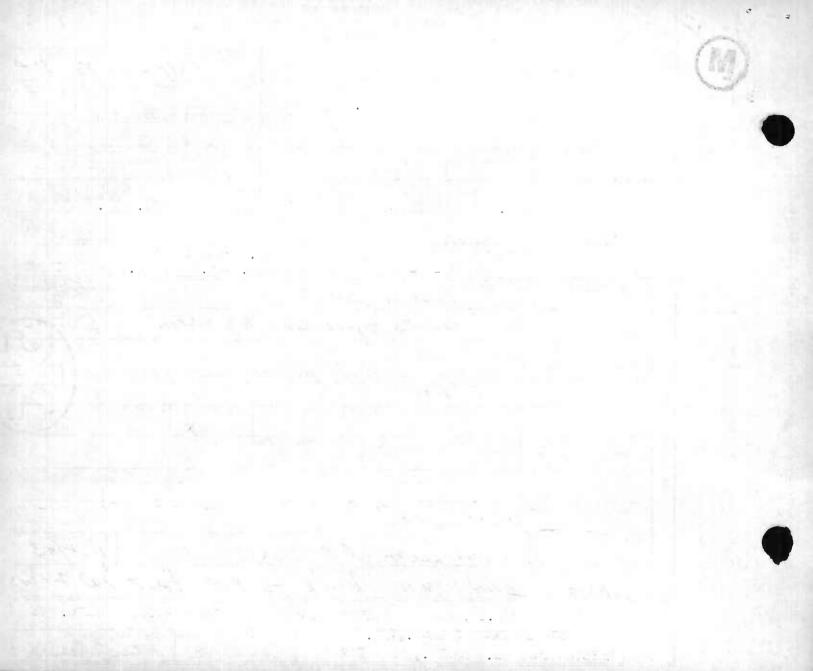
10		FOR STATE REGISTRAR CEASED NAME FIG	Stanley S		MENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH WSk1	REG. N	O	37	3
		OR PRINT) 5+a	h ly		S;	Kowski	6 AGE (IN YEARS LAST BIR	1 21	YEAR 26 HO	26
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33	SU 30 S VI	AL RESIDENCE (IF NURSING HISTATE	ME OR OTHER INSTITUTION COUNTY ALTIMORE	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e. 405 ASDREST	aylor Av	e. 21221	
130	4 FA	Stanley	Silkowsk	d (AST		15. MOTHER'S MAIDEN NA Helen	Schultz		LAST	
0 1 E	6a V	VAS DECEASED EVER IN U.	S. ARMED FORCES? YES GIVE WAR OR DATES	205 07		Mary Silkows	ki, Wife	Same		
s ony injury, or other tro	CERTIFICATION	Conditions, if ony, whi gave rise to immedia couse (al), stating if underlying couse lo PART 2. OTHER SIGNIFIC.	te he DUE TO, OI		DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	20b. IF YES, WER	PART 1(a)	D TH?
		21a. ACCIDENT WAS UNDERLYH OR CONTRIBUTING CAUSE		FINJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	YES NO	YES	NO [
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IMPORTANI		22d. PHYSICIAN'S NAME		noslan		Balin	a City	Itosp		
2	3a. B	URIAL, CREMATION, REMO SPE BURIAL	1/24/	83 Gar	dens	of Faith Cem	23d. LOCATION etery Balt	timore C	o., Md.	STATE
81	br	uzdzinski Fu	neral Home	PA 1407	old I	Eastern Ave. A	N 251983	25b. REGISTRAR'S	SIGNATURE GALLE	9

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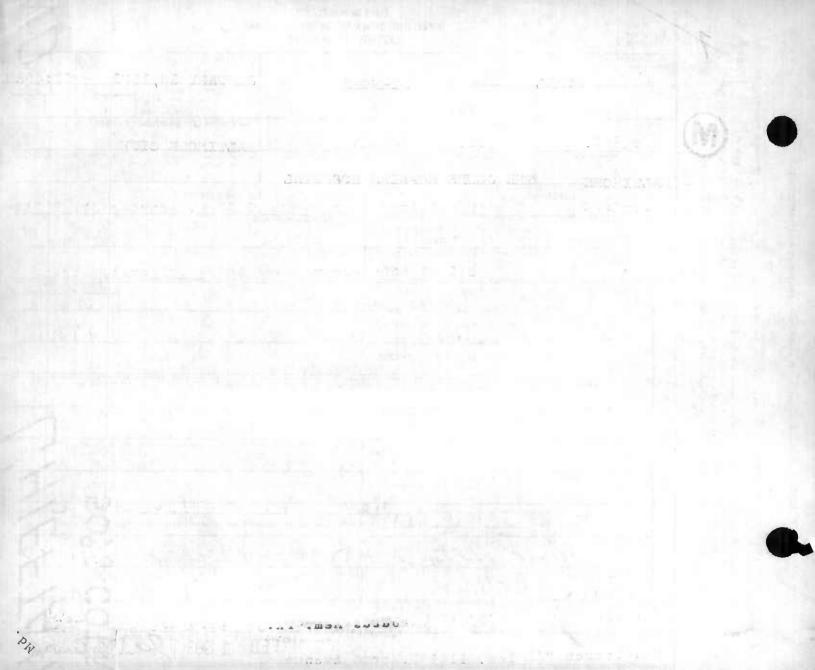
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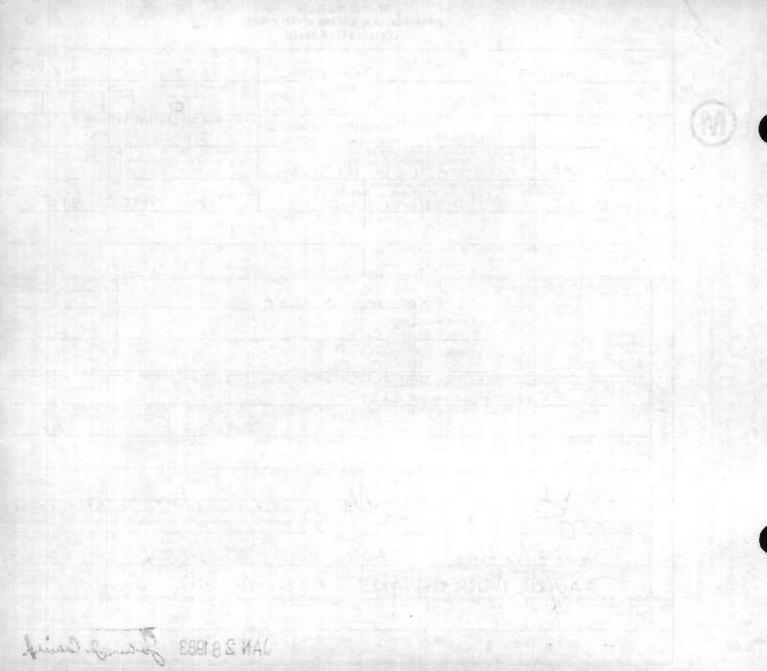


(VRA 15, 4)



DIVISION OF VILAL RECORDS, 201 W. PRESTON ST., BALTIMOKE, MARTEMOLETED		
O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Frage 4 m etained by the hospital or oftending physician.	her death Page	E
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely liked in to the property of the property	(1,1

13	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	0 1 3 7 0
		EASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
-		SAMIV		21	NOCETON	1/27	183 14
3.	. SEX	M	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT)	MONTHS DAYS HOURS A
1)7		THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
91	O CI	Timore MO	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME O		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
35	30. S	L RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	CATOR AVE
DENO	4. FA	THER'S NAME	AIDDLE LAST	020	15. MOTHER'S MAIDEN NAM	AE MIDDLE	LAST
300	N	/A			N/A		
medical 16		AS DECEASED EVER IN U.S. AR	WED FORCES? 166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRE	SS
E /		No	223-16	-6791	Melvine Turl:	ington 2816	W. Garrison Avenu
prior to buriol, cremation, or ony injury, or other troumatic	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE ON CONTRIBUTING TO THE PROPERTY OF	O DEATH BUT		INAL DISEASE OR CONE	20b. IF YES, WERE FINDINGS USED
shows	Ĕ					YES NO	IN CERTIFYING CAUSES OF DEATH YES NO P
lem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21c HOW INJURY OCCURR 21l LOCATION STREET	ED (ENTER NATURE OF INJUR	
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rked or Iter	WED	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	SIREEI	/	
Dept. of Health and M Hem 21 is marked or	MED	WHILE NOT WHILE AT WORK	The files	43 an	13 19 8	2,10 1/2	te and hour and from the causes stat
with the State Dept. of Health or MPORTANT: If them 21 is market		WHILE AT WORK AT WORK 22a. I certify that (I) (this hospit sow the deceased live on above, flywer) fridy (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF AUTOMOTE)	101) Ottended the deceased from 127 19. 1) view the body ofter death. April (PRINT) MATCH	83 on	d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [220. ADDRESS Z Z O /	death occurred on the do	te and hour and from the causes state 22c. DATE SIGNED FIAN M
with the State Dept. of Health or MPORTANT: If them 21 is market	30. B	WHILE NOT WHILE 22a. I certify that (I) (this hospit sow the deceased live on abave, I) well stid (id no 22b. SIGNA TURE	101) Ottended the deceased from 127 19. 11) view the body ofter death. 12) The state of the st	83 or	d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [226, ADDRESS	MEDICAL STAF	te and hour and from the causes state 22c. DATE SIGNED FIAN A DRIVE



injury, or other troumotic event, the medical

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME	MARY		JANE	SK	elTor	C	2a. DATE OF DEAT		8 83	26 HC	OUR COO
a solution	3 SEX	EMALE		Whi?	Te	5 DATE C	F BIRTH	Č ^F AR	6 AGE (IN YEARS LA		MONTHS DAY		DER 24 HRS MIN.
1		RTHPLACE (STATE OF COUNTRY) aryland	PFOREIGN		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER M	ARRIED X	Baltimore CIT	1.0			
C	10 сі	nty or town of de altimore		11. NAME OF I	HOSPITAL, NURSIN H FACILITY, GIVE STREET A LIGNES HO	GHOME O	R OTHER INSTI		120 USUAL OCCU (TYPE OF WORK FOR MY Teache:	PATION OST OF WORKING I	12b. KIND		NESS OF
1	130 S Ma	AL RESIDENCE (IF NUF STATE aryland ATHER'S NAME	TSb COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Catonsv	V 1	13d. INSIDE CIT	NO X	3 STREET ADDRE	ss Vheato	n Pl.	212	228
()	Thomas			kelton		F	herin	e		Doy	Îe	
2		VAS DECEASED EVEL YES NO OR UNKNOWN) NO		MED FORCES?	218-32-	3749	17 INFORMAN Marga			dress Sam	ne as	#13	
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2	CERTIFICATION	19a DATE OF OPERA		196 CONDI	TION FOR WHICH (PERATION	N WAS PERFOR	MED	20a AUTOPSY?	IN CERT	ES, WERE FIND	OINGS US ES OF DEA	ATH?
	MEDICAL	220. I certify that (I sow the deceo- obove, (I) (we) (22b. SIGNATURE 22d PHYSICIAN'S M	CAUSE OF DEA	21e. PLACE (AT HOME STR OI) attended the	M. MONTH DAM. DF INJURY EET FACTORY, OFFICE, FA e deceosed from firer dyoth. ARAN ARAN	an	2)1 LOCATION STREET 2)1 LOCATION STREET 2)1 LOCATION STREET 2)1 LOCATION STREET 2)1 LOCATION STREET 2)1 LOCATION STREET 2)1 LOCATION STREET 2)1 LOCATION STREET 2)2 LOCAT	, 19	to	RIOWN	COUNTY	., thot (I)	D
	- (1	BURIAL, CREMATION SPECIFY) Burial	, REMOVAL	23b. DATE 1/22/	/83 St		metery or control	em.	23d LOCATION CITY OF TOWN HVde		COUNTY		STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
NAME
MacNabb F

FOR

Catonsville, Home,

Funera]

John' Cem. S

COUNTY n. Hyde, Baltimore.

250. DATE REC'D. BY REGISTRAR 256. PEGISTRAR'S SIGNATURE

STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR - STATE REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR 2 (TYPE OR PRINT) (Mamie) Slack Januaru 10. 1983 Maru E3. SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR 4. RACE IF LINDER 24 HRS MONTH White July 24, 1890 92 FEmale. M.BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maruland U.S.A. Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 12b, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ETYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore 3104 Glenmore Ave Housewife TINUAL RESIDENCE LIENURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 13h. COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 3104 Glenmore Ave Baltimore 21214 Maruland YES K NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AN IODLE LAST MIDDLE FIRST LAST William Thomas ? Maru 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 17. INFORMANT IYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Mrs Mabel Slipper 220-48-7693 Same No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE to Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES T NO F 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE LAT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (ast) apinion death occurred on the date and hour and from the causes stated saw the deceased alive on above, (1) (ye) (did) (did nat) view the body after death DEGREE 77: DATE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Baltimore, Maryland Donald W Mintzer M.D 3009 Evergreen Ave

DHMH - 16 50M 4/82

(VRA 15, 4)

24 FUNERAL DIRECTOR

(SPECIFY)

Burial 1/13/83

23b. DATE

Leonard J Ruck Inc. Baltimore, Maryland

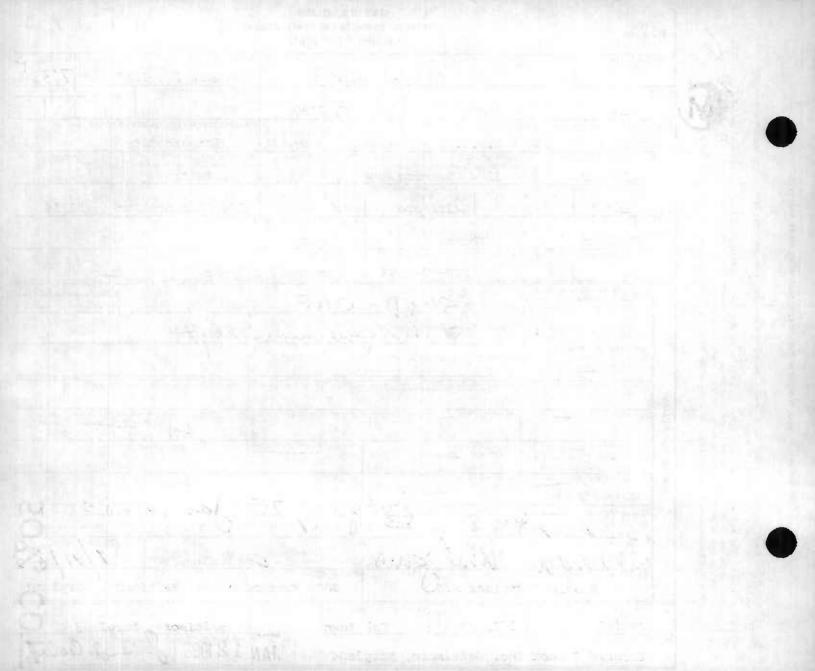
23a. BURIAL CREMATION, REMOVAL

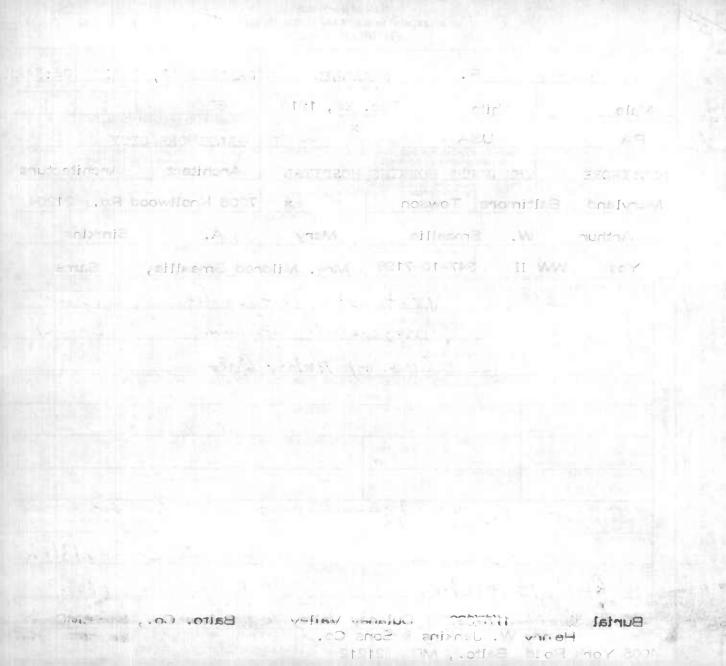
Oak Lawn

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

Baltimore _ Maryland 250. DATE REGID.





2/9/02 1 STATE OF MARYLAND

ems #18a-22a Film G577

20M 4/B2

	3	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 5	01381
		1. DECEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26. HOUR
be 3	The same of	EFFO	RD	SMITH	JANUARY	24. 1983 02:55A
шоу	180	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
_ ge 4	MI	male	Black	9 9 1 1 7	65	YRS. MONTHS DAYS HOURS MIN.
eath. Page	48	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Florida	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	The same of the same of	R COUNTY OF DEATH E CITY MD
o b	An 0	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATE	ON 126. KIND OF BUSINESS OR
of the soft	- 2	RALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET THE TOHNS HOP	KINS HOSPITAL	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
MARYLAND 2120	35	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COU	IR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 3419 Elmo	ora Ave. 21213
一般	2	14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME MIDDLE	
AAA CO BO BIGGE	1/6	Wesley	Smith	G ertru		Day
ORE,	ico l	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRE	
Short More, Short of Strick and S	medi	No	265-18	-0455 Ella Mae	Willis 341	19 Elmora Ave.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. NG PHYSICAL The low requires that the deput certific of the other physician. Viter this certificate has been signed by the otherding possible buriot-fronsit permit. Then please remove carbon as the buriot-fronsit permit. Then please remove carbon as the buriot-fronsit permit.	to buriol, cremation, or rem njury, or other troumotic eve	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	MINAL DISEASE OR CONI	DITION GIVEN IN PART I(0)
AL RECORD The lot requirion. E has been s in permit. The	hows ony	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YESNO
HYSICAL HYSICAL ending physic this certificat	ar Item 18	OR CONTRIBUTING CAUSE OF DE (1) FEITHER NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED	HOUR A.M. MONTH DA	19 211. LOCATION	RED (ENTER NATURE OF INJUR	
RECTOR: A	ept. of Health Nem 21 is mark	AT WORK AT WORK 220.1 certify that (1) this has	oital) aftended the deceased from	DEGREE MD ATTENDING PHYSICIAN	deoth occurred on the do	iste and hour and from the causes stated 22c. DATE SIGNED
TO HOSPITAL Oretained by the TO FUNERAL Dishould be detoc	with the State D	22d. PHÝSICIAN'S NAME (TYPE	SEL OSYMA	N JOHNS H	H unala	SSPITAL
₽ e = 5 BP	, 5	230. BURIAL, CREMATION, REMOVA (SBURIAL)		NAME OF CEMETERY OR CREMATORY altimore Cemete		imore Md.
DHMH-16 30M (VRA 15, 4)		24 FUNERAL DIRECTOR	U Too 1101 E N	250. DA	TE REC'D. BY REGISTRAR	250 PEGISTRAR'S SIGNATURE

WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

26. HOUR

126 KIND OF BUSINESS OR

21222

SPRINGER

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

MD

COUNTY

COUNTY

STRAR 256 REGISTRAR'S SIGNATURE

IF UNDER 24 HRS

1983

IF UNDER 1 YEAR

DHMH - 16 50M 4/B2 (VRA 15, 4)

- STATE

(TYPE OR PRINT)

REGISTRAR

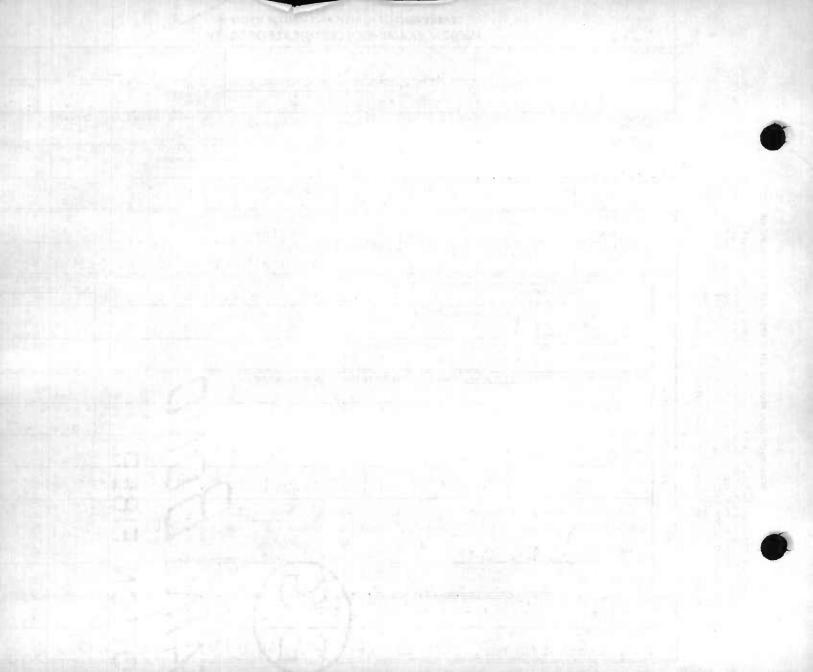
DECEASED NAME

24 FUNERAL DIRECTOR

FIRST

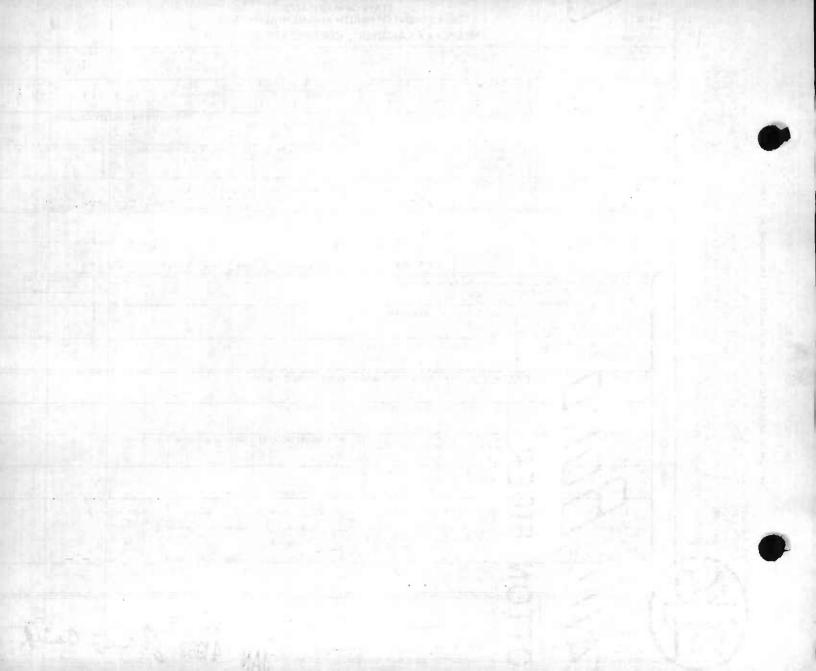
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20M 4/82



DEPARTMENT OF HEALTH AND MENTAL HYGIENE = STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME MIDDLE O. DATE KNOWN (TIPE OF PENT) ESTI-E. Smith 83 James DEATH MATED 19 4. RACE AGE (IN YEARS IF UNDER I YR. DATE OF BIRTH YEAR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD 31 51 YRS Black 10 male 10 MARKTHPLACE ISTATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED REMEMBER COUNTRY! Baltimore U.S.A. Virginia WIDOWED _ DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore Winchester & Stockton Streets LIAL RESIDENCE IN INVESTIGATION ON OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 1108 Carrollton Ave. 21204 Maryland YES 🔽 NO [4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST PRESE Willie Washington Smith Brokins Laura MAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS Apt. 2 228-34-0899 Laura E. Gatling 3009 Thormdale Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shotgun wound of head DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19s DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX TIE EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXX OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 1983 . 20P.M. Subject was shot 16 PLACE OF INJURY 211 LOCATION (AT HOME, STATE SCHOOL TO Vard AT WORK AT WORK Winchester & Stockton Sts PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALLTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinian Hamicide XX Natural causes Undetermined manner TITLE (SPECIFY) DATE SIGNED 1-1-83 MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, W.D. III Penn Street 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore COUNTY BURIAL 1/7/83 Mount Auburn Cem. Md. 250. DATE REC'D. BY REGISTRAR 256 100 ISTRAR'S SIGNA 24 FUNERAL DIRECTOR **DHMH - 17** Wm. C. March F/H Inc. 1101 E. north (VR A15 ME (5))

20M 4/82



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. M	Inc. I. I. I. Stern Ave.	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST . DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS 9:51 A MARGARET 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR MONTH YEAR 06 Aucasion +60 YRS BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) U.S. A azu. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaken USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE no Itomb 136. COUNTY 13d. INSIDE CUTY LIMITS? YES THE NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE

IF UNDER 24 HRS 17h KIND OF BUSINESS OR Domestic 21225 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215 Jeffrey St., Therese M. Lank no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for and its and its a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gove rise to immediate couse (D), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO F Mentol Hyg 21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 80 YEAR HOUR A.M. MONTH DAY OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET morked NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased plive on_ And that in (my) (our) ppinion death pleasured on the date and hour and from the couses stated 22b. SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING MEDICAL should be deto with the State IMPORTANT: I PHYSICIAN PIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME THE PRINT 22e. ADDRESS

-ISKOWICZ 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY emeteru

South Baltimone General Hospital 23d LOCATION

Baltimore, A. A. 250. DATE REC'D. BY REGISTRAR 156 REGISTRAR SIGNATUR

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

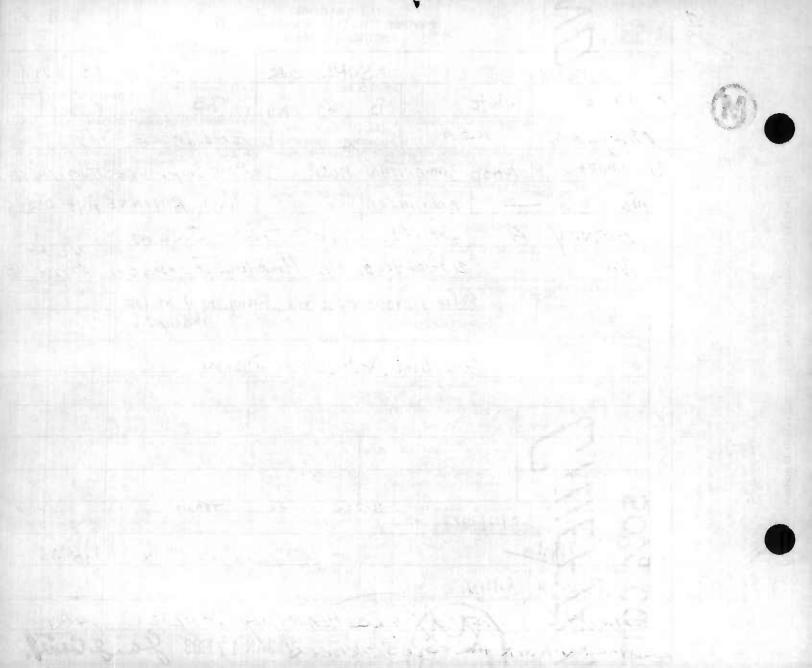
Mo ully Funeral Homes

Burial

Patapsco Ave.,

NOT THE REAL PROPERTY. ol(ad , and the contract of the cont The state of the Constant of the State on the Constant The Report of the second of th

4	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0 1 3 8 7
n #		CEASED NAME FIRST	MIDDLE	COLLI C	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
e 0 0	3. SEX	A	4. RACE	SOHL ST	6. AGE (IN YEARS LAST BE	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1)	1.00	MALE	White		09 13	YRS.
2	M BI	RTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	121/17	DR COUNTY OF DEATH
Specified of	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION ADDRESS!	120 USUAL OCCUPAT	ION 126. KIND OF BUSINESS OR
nould be	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR CITATE 13b COUN			ITS? 130. STREET ADDRESS	PAYONNE AVE 2120
SOO S	14. FA	THER'S NAME FIRST A TENRY	MIDDLA STAST A	15. MOTHER'S MAIDE	EN NAME	Um LAST
Poges 1			MED FORCES? 16b SOCIAL SEC E WAR OR DATES) 2/3-/0-	URITY NO. 17. INFORMANT 4043 Mes M	ichael Thor	PSON BAYONNO
hen please remave corbo ta burial, cremation, or re njury, ar other troumatic e	Z	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO		CROS CDISCOSI.	IDITION GIVEN IN PART 110
ws ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \(\subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \left\)
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rked or b	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	211. LOCATION STREET	CITY OR TO	OWN COUNTY STATE
f. of Heold m 21 is mo		sow the deceased alive on above, (I) (we) (did) (did not	ol) ottended the deceosed from 01121197 19	, and that in (my) (our) or	pinion death occurred on the c	, 19, that (I) (we) lost of ond hour and from the causes stated
be detached e State Dept. TANT: If Item		226. SIGNATURE	W_	DEGREE ATTENDI PHYSICI	ING MEDICAL STA	IFF CIAN DATE SIGNED
should be deto		22d. PHYSICIAN'S NAME (TYPE OR	SAHNI	??e ADDRESS		
s } ≤	23a B	URIAL CREMATION, REMOVAL	23b. DATE 1/15/83 23c	NAME OF CEMETERY OF CREMAT	Mary BAL	70 COUNTY MOTATE
6 50M 4/82	24 FL	INERAL DIRECTOR	ICK INC ASTES	SHAPFARS E	JAN 171983	25h GISTRAR'S SIGNA TRE

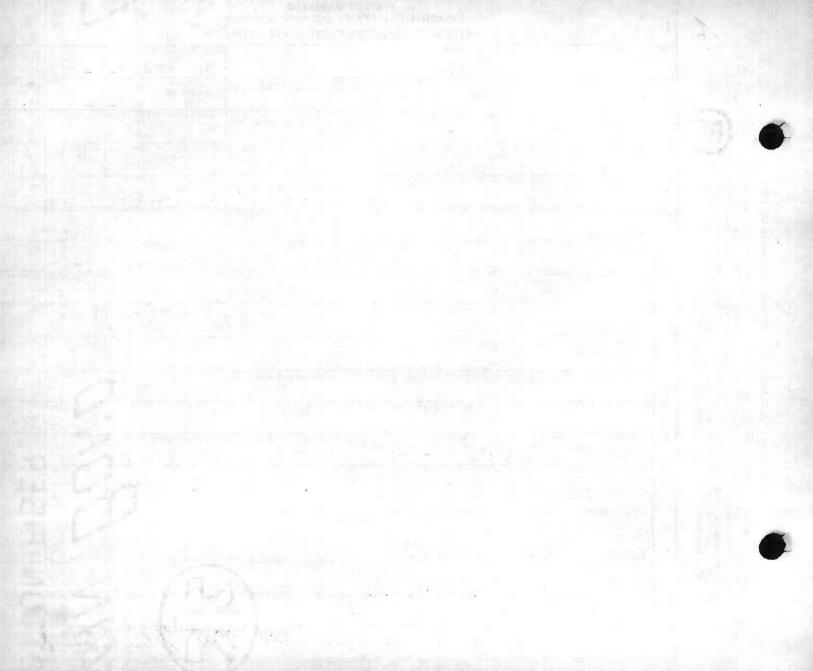


100	1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							5 3	
LAN THE		CEASED NAME OR PRINT)	BERNA	ARD	MIODLE		LOMON		20. DATE OF DI		'30/83	2b. HOUR 3:50p
° E(M)	3. SE	Male		NE G	200	5. DATE O	, OAY	YEAR 36	6. AGE (IN YEAR	46 YRS		IF UNDER 24 HRS
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to be executed by the property of the medical control of the medical	-	res, NO OR UNKNOWN) A O 18 CAUSE OF DE		WAR OR DATES)	2/2-3	6-6001	Mrs.h	lillie	Solom	ON 183	3 E.Bia	dle St
certificate certificate rbon poper rbon poper removal.		PART I. DEATH	VALAS C ALISEC	BY: CAUSE (o)	CARDIO	- RESPIR	ATORY	FAIL	URE		BE) WEEN (INSET AND DEATH
he death he		Conditions, if or gove rise to it couse (o), sto	mmediote	(b)_		C FAIL	WEE				40	445
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VDING P I or offer is After the se os the	¥	22a I certify that		ol) ottended t	he deceased fr		78	, 19_23	, to		- C -	that (I) (we) lost
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O HOSPITAL O etoined by the TO FUNERAL DI should be detocl with the Stote DE		276 PHYSICIAN'S	MAME ITHE CH	A Do	0	_ /		TENDING TYSICIAN	MEDICAL DIRECTOR	PHYSICIAN	VAN	50, 19 6 3
TO HOSP retoined TO FUNE should be with the SIMPORTA	23a.	BURIAL, CREMATIO	G PE	23b. DATE		23c. NAME OF C	TOHA!	S HOPL	23d. LOCATIO			
BP	24 F	JNERAL DIRECTOR	2./	2-4-	83	Brbu	usMe	M.PK.	Anble REC'D. BY REG	14415	ISTRAR'S SIGNAT	Md.
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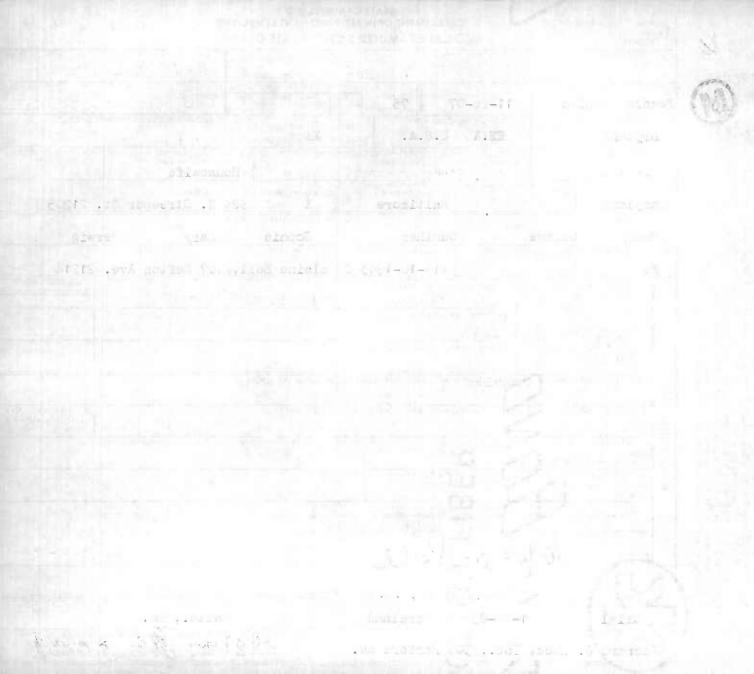
STATE OF MARYLAND

11) 7/2 WELLO WINGE SE rod-26.3.7. 0000 ALL STEELS OF THE HERSERY SERVERY BELLINOIS V 1833 E. Biddle Stilling - B(A Solonow Sm. Willie 1950anodal 530032 2028 6001 Mrs. Willie Jalaman 1833 E Biddle St 0.10 EUNIST & 4-83 PADUCHERPENS PROLETS 130. Nondolphillien wing 2421 & March & Fen a 203 Strong Conint.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWIX DAY (TYPE OR PRINT) ESTI-WESLEY DEATH MATED JOHN SOLOMON 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 62 YRS 8 12 20 Black DEAD Male -28-839 6:53 TO BIRTHPLACE (STATEOR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRYL N.C. USA WIDOWED DIVORCED Baltimore City IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS A 18. GIVE PAGES 1, 2, AND 3 TO THE G WITH FORM PM 3. RETAIN PAGE MIT. PAGES 1 AND 2 SHOULD BE FILL NE, DIVISION OF XIJA, RECORDS. FOR MOST OF WORKING LIFE) OR INDUSTRY blk Llewelvn Avenue Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21213 13b COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 2125 Llewelvn Avenue MD Baltimore YES Y NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST EIRST MIDDLE Solomon Eugene Mary Thone 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) Yes Paul Solomon 1704 Windemere Avenu EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING". IN PENCIL IN 1IEM 1B. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITHOUT BUREATORE, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIBALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Gunshot wound of neck IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19s. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YESK K NOF 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MEDICAL subject shot CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED TIE PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) 210061k. Llewelyn Ave. Baltimore. Maryland NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my opinion Hamicide X Undetermined manner TITLE (SPECIFY) ACTUAL 1-29-83 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 23d LOCATION CITY OR TOWN Halifax 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23s. NAME OF CEMETERY OR CREMATORY COUNTY Burial STATE 2/5/83 Family Plot Co. 24. FUNERAL DIRECTOR WE REGISTRAR'S SIGNATURE **DHMH - 17** TTO1 E. North Ave. C. March F/H (VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND



1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

TO THE PERSON OF STITE SAN ON THE STITE ST. ACKES HOSPITAL RETINED CANADER THEREOM FOR DE BELTINGHE BALTIMONE - BROWLING HOLDER STREET 214- 1-30 to 185. FRANCESIC. SPENC. 5.75 A 155 10 STATE TO STATE OF THE STATE redu comembes Avinut, catoliculus, mo. 21228 m JAN (1986)

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Seri 2016, 102 0 1040	580194	. 10			Yange	
HAVE HELD TO BE SELLED						

6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a. USUAL OCCUPATION 176. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS 1222 Rolling Rd. 21207 MIDDLE Spruil1 ADDRESS Eva Spruill 1222 Rolling Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OF TOWN COUNTY STATE to JANIIARY 2 1983 and that in (XX (our) opinion death accurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN VAMC, BALTIMORE, MARYLAND 21218 23d LOCATION BURIAL 1/7/83 Md. Nat. Mem. Pk. Laurel Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE ... Wm. C. March F/H Inc. 1101 E. north avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2b. HOUR

20. DATE OF DEATH

FOR

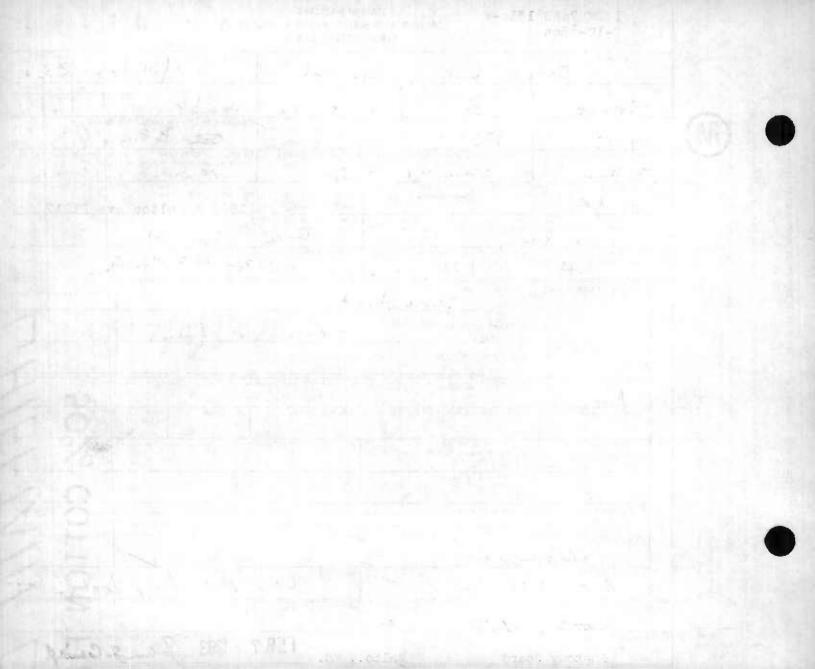
REGISTRAR

L DECEASED NAME

- STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

	1-	ITEMS7a&B I FOR STATE2-10-83cn REGISTRAR	L∌&a-e	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	HENE 8 3	0 1	3 9 4
moy be pege 3		CEASED NAME FIRST BC-5	4 RACE	S. DATE C		20. DATE OF DEATH	121/8	YEAR 2b. HOUR 30 A RIYEAR IF UNDER 24 HRS DAYS HOURS MIN.
Noge 4		TEMBE RIHPLACE (STATE OR FOREIGN OUNTRY) MD W	76 CITIZEN OF WHAT	COUNTRY? 8.	3 (83	PBALTIMORE CITY O	YRS.	4-
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executed w		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b S	SOCIAL SECURITY NO.	Belva 17 INFORMANT	Squar ADDRE	ith A	LAST
ires that the death certifical igned by the ottending phys in please remove carbompop burial, cremation, or remova iry, or other troumatic event,	7	PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A	A CONSEQUENCE OF	NOT RELATED TO THE TERM	inal disease or con	u \	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
ion. i hos been si topermit The liene prior to nows ony injur	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY? YES NO	206. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
3 PHYSICIAN: Titending physicis re this certificate the buriol-transit and Mental Hygis ced or Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. A P.M.	MONTH DAY YEAR	216. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJUI CITY OR TO		
L OR ATTENDING the hospital or of L DIRECTOR: After toched for use os e Dept. of Health if Hem 21 is mod		22a.1 certify that (1) (this hospit sow the deceased alive on obove, (1) (we) (did) (did not 22b. SIGNATURE		19, ai	, 19 nd that in (my) (our) opinion DEGREE ATTENDING	MEDICAL STAI	ate and haur and fr	om the causes stated
TO HOSPITAL TO FUNERAL should be dett with the Store		22d PHYSICIAN'S NAME (TYPE OF	TT WD		220. ADDRESS Uni,	DIRECTOR PHYSIC	4-sp De	pt & Red
BP		URIAL, CREMATION, REMOVAL SPECIFY) Removal	23b. DATE 2/2/83	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Y STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FI	NERAL DIRECTOR NAME Anatomy Bo	oard	ADDRESS Balto	., Md. FEB	7 1983	7. REGISTRAR'S S	Coheed



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the

should be detoched for use as the buriol-tronsit permit. Then with the State Dept. of Health and Mental Hygiene prior to b

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	ECEASED NAME F	IRST	WIDDLE	LAST		20. DATE OF DEATH N	AONTH D	DAY YEAR	26 HOUR
(117		Charlotte	E.	Stant	on	Januar	v 17.	1983	8:351
3. SE	EX	4. RACE		5. DATE OF B		6. AGE (IN YEARS LAST BIRTH	IDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR
F	emale	White		Feb.	12, 1908	74	YRS.		110043
-	BIRTHPLACE (STATE OR FORE COUNTRY) ennsylvania	U.S.A.	WHAT COUNTRY?	MARRIED [NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR Balti			
10. C	Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING CHEACILITY, GIVE STREET AD	DDRESS)		120 USUAL OCCUPATION BOOKKeeper	N	17h KIND O	F BUSINESS (
13a	JAL RESIDENCE (IF NURSING STATE 138 aryland	HOME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE A 136 CITY OR TOWN BALTIMOT	DMISSION)	INSIDE CITY LIMITS?	3207 E. No	rther	n Park	21214 way
	Calvin	M. Middle	Wolf	15.	MOTHER'S MAIDEN NA Charlotte	MIDDLE	E1	liott	T
160.	WAS DECEASED EVER IN	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	283-05-6		gnes Birkma	ADDRES		ern Pa	rkway
	PART I. DEATH WAS 1991 Conditions, if ony, will gove rise to immed	CAUSED BY: MEDIATE CAUSE (o) DUE TO, O hich (b)	Cardiopu R AS A CONSEQUEN Suspecte	lmonar	static Mali	gnancy Prima	ry		
	Conditions, if ony, w gove rise to immed couse (o), storing underlying couse	CAUSED BY: MEDIATE CAUSE (o) DUE TO, O hich (b) hich (b) hich (c) (c)	Cardiopu R AS A CONSEOUEN Suspecte R AS A CONSEOUEN	lmonar	static Mali Unknown				
TIFICATION	Conditions, if ony, w gove rise to immed couse (o), storing underlying couse	CANT CONDITIONS CO	Cardiopu R AS A CONSEOUEN Suspecte R AS A CONSEOUEN	Imonar NCE OF ed Meta NCE OF	static Mali Unknown	MINAL DISEASE OR COND	20b. IF YES		O NGS USED
CAL CERTIFICATION	Conditions, if ony, we gove rise to immed couse (o), stoling underlying couse PART 2. OTHER SIGNIFIED IN THE SIGNIFIED IN TH	CAUSED BY: MEDIATE CAUSE (o) DUE TO, O hich (b) the lost. CANT CONDITIONS CO VING 196 COND 216. TIME CO HOUR A.	Cardiopu R AS A CONSEQUEN Suspecte R AS A CONSEQUEN ONTRIBUTING TO DE ONTRIBUTING TO DE OF INJURY M. MONTH DAY	ALTHORAT ACE OF BEATH BUT NO OPERATION V Y YEAR 2	Unknown OT RELATED TO THE TERM VAS PERFORMED	MINAL DISEASE OR COND	20b. IF YES IN CERTIF YES	EN IN PART 100	OGS USED
MEDICAL CERTIFICATION	Conditions, if ony, w gove rise to immed couse (0), stoting underlying couse PART 2. OTHER SIGNIFI 19a DATE OF OPERATIO 21a, ACCIDENT WAS UNDERL	CAUSED BY: MEDIATE CAUSE (o) DUE TO, O hich (b) iote the DUE TO, O CANT CONDITIONS CO VING 19b COND YING 19b COND	Cardiopu R AS A CONSEQUEN Suspecte R AS A CONSEQUEN ONTRIBUTING TO DE OTTON FOR WHICH OF OFTINJURY M. MONTH DAY M.	Ilmonar NCE OF EATH BUT NO DPERATION V Y YEAR 19 21	Unknown OT RELATED TO THE TERM VAS PERFORMED	AINAL DISEASE OR COND 200. AUTOPSY? YES \(\text{NO} \)	206. IF YES IN CERTIFY YES	EN IN PART 100	OGS USED
	Conditions, if ony, we gove rise to immed couse (o), storing underlying couse PART 2. OTHER SIGNIFIED TO THE SIGNIFIED TO TH	CAUSED BY: MEDIATE CAUSE (o) DUE TO, O hich (b) iote the DUE TO, O CANT CONDITIONS CO VING 19b COND	Cardiopu R AS A CONSEQUEN Suspecte R AS A CONSEQUEN ONTRIBUTING TO DE ITION FOR WHICH OF OF INJURY M. OF INJURY REET, FACTORY, OFFICE, FAR	Ilmonar NCE OF EATH BUT NO DPERATION V Y YEAR 19 21 RM.ETC) 21	Unknown OT RELATED TO THE TERM VAS PERFORMED TE HOW INJURY OCCUR THE LOCATION STREET	200. AUTOPSY? YES NO COND RED (ENTER NATURE OF INJURY	20b. IF YES IN CERTIFY YES	EN IN PART 110 , WERE FINDIN YING CAUSES COUNTY 19 83	NGS USED OF DEATH? NO STATE
	Conditions, if ony, w gove rise to immed couse (0), storing underlying couse PART 2. OTHER SIGNIFI 190 DATE OF OPERATIO 210, ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL WHILE NOTIFY MEDICAL WHILE NOTIFY MEDICAL	CAUSED BY: MEDIATE CAUSE (o) DUE TO, O hich (b) iote the DUE TO, O CANT CONDITIONS CO VING 19b COND	Cardiopu R AS A CONSEQUEN Suspecte R AS A CONSEQUEN ONTRIBUTING TO DE ITION FOR WHICH OF OF INJURY M. OF INJURY REET, FACTORY, OFFICE, FAR	Imonar NCE OF EATH BUT NO DPERATION V Y YEAR 19 ZARM.ETC) ZARMALETC, ORD	DT RELATED TO THE TERM VAS PERFORMED 1c. HOW INJURY OCCUR 1d. LOCATION STREET TY 12 19 83 hat in (%) (our) opinion GREE ATTENDING	200 AUTOPSY? YES NO RED CITY OR TOW	20b. IF YES IN CERTIFY YES IN ITEM 18 PA	EN IN PART 100, WERE FINDING CAUSES S COUNTY	OF DEATH? NO STATE that (28(we)) I couses stated
	Conditions, if ony, w gove rise to immed couse (ouse to immed couse). Storing underlying couse PART 2. OTHER SIGNIFI 190 DATE OF OPERATIO 210. ACCIDENT WAS UNDER! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL! 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (E) Children saw the deceased obove 1 (we) (did)	CAUSED BY: MEDIATE CAUSE (o) DUE TO, O hich (b) liote 1he DUE TO, O CANT CONDITIONS CO N 196 COND YING 196 COND YING 196 COND YING 196 COND YING 196 COND YING 197 COND YING 198 COND YING 19	Cardiopu R AS A CONSEQUEN Suspecte R AS A CONSEQUEN ONTRIBUTING TO DE ITION FOR WHICH OF OF INJURY M. OF INJURY REET, FACTORY, OFFICE, FAR	Imonar NCE OF EATH BUT NO DPERATION V Y YEAR 19 ZAMM, ETC.) Januar DEC	NETATIC MAINUMN OT RELATED TO THE TERM VAS PERFORMED TE HOW INJURY OCCUP THE	200 AUTOPSY? YES NO SE RED (ENTER NATURE OF INJURY) CITY OR TOW death occurred on the dot MEDICAL STAFF	20b. IF YES IN CERTIFY YES IN TEM 18 PA	COUNTY 22c. DATE 1/1	STATE thot (XWe) I couses stoted SIGNED

DHMH - 16 50M 4/B2 (VRA 15, 4)

14 FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Baltimore, Maryland

8 1983



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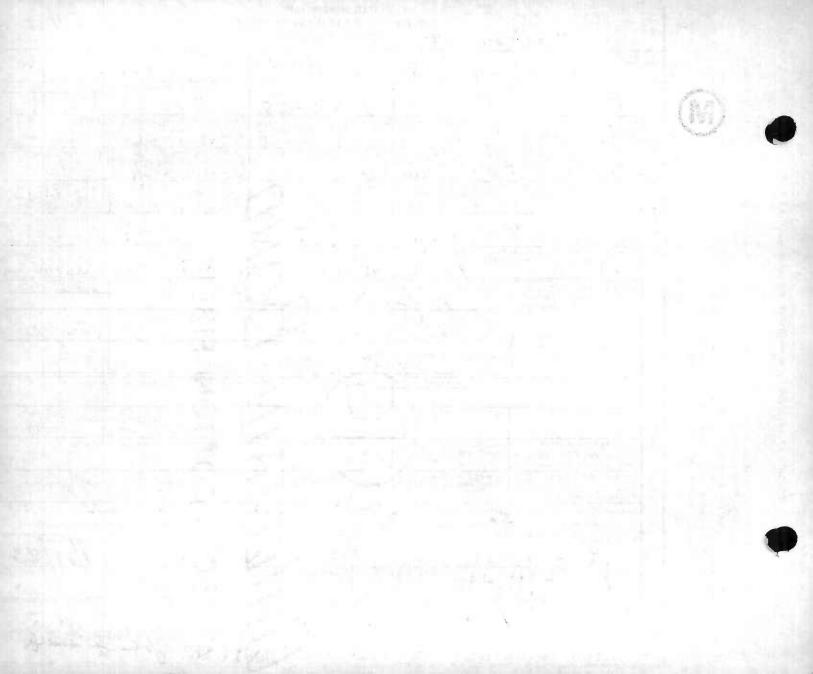
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4905 York Road Balto., MD 21212

STATE OF MARYLAND

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STATE OF MARYLAND	and the second
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REGISTRAR CERTIFICATE OF DEATH REG. NO.	
DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
Thelma I STANION 1-16	-83 750 M
	INDER 1 YEAR IF UNDER 24 HRS.
	THS DAYS HOURS MIN
BIRTHPLACE ISTATE ORFOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY OF	DEATH
MARRIED W NEVER MARRIED W	
	MD. 12b. KIND OF BUSINESS OR
As Over and I have a little of the little of	INDUSTRY
SUAL RESIDENCE (A NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	1 21515
The state of the s	21212
	aue.
FIRST MIDDLE DO NAST & DO FIRST O MIDDLE B.	LAST
	sur
(YES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES)	1.0 0-
10 169-22-1240 William 71.0 Lamen 5000	Miderald Con
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	
DUE TO, OR AS A CONSEQUENCE OF	2
Canditions, if any, which (b) Augustian (b)	-4/1
couse (a), stating the DUETO, OR AS A CONSEQUENCE QEL	0
underlying couse lost.	
	IN PART 1(0)
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WIN CERTIFYIN	IG CAUSES OF DEATH?
YES NO YES	
OR CONTRIBUTED CONTRACT OF DEATH MOUR A.M. MONTH DAY YEAR	OR PART 2)
(IF EJTHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN	COUNTY STATE
AT WORK AT WORK	
22a I certify that (I) (this haspital) attended the deceased from, 19, to, 19,	, that (I) (we) last
saw the deceased olive on 19 , and that in (my) (our) opinion death accurred on the date and haur or obove, (1) (we) (did) (did not) view the body ofter death.	d fram the couses stated
Th. Signature DEGREE	221. DAY SIGNED
PHYSICIAN DI DIRECTOR PHYSICIAN	1/11/83
THE PHYLICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS	11
A. Gillette	
30. BURIAL, CREMATION, REMOVAL 235, DATE 236. NAME OF CEMETERY OR CREMATORY 234 LOCATION	- Au I
	mayland
OFUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRARY ALCOSTRAL	SONO PROPERTY OF
16 39 h Brandwey JAN 1 8 1983	In ramondo
	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL BYGINEN REG. NO. REG.



e.	1.	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 3	0	1 3	98
		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR
		HELEN		М.		EGMAN			,1983	91038
	3. SE	× FEMALE	4. RACE WHITE		5. DATE (6. AGE (IN YEARS LAST BIR	MO	UNDER TYEAR	HOURS MIN
74	7a. B	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	9		9. BALTIMORE CITY	YRS. OR COUNTY O	OF DEATH	
5		MARYLAND	USA		MARRIE	D NEVER MARRIED 1	BALTIMOR			M
N	10. C	BALTIMORE	(IF NOT IN SU	HOSPITAL, NURSII CH FACILITY, GIVE STREE TUNBRIDGI	TADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF EDUCATOR	OF WORKING HEE)	126. KIND C INDUSTRY PUBLIC	C SCHOOL
55	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 136 CO		134. CITY OR TOV	VN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 322 TUNE	BRIDGE	RD. 2	21212
200	14 F/	JOHN HE	NRY	STEGMAN		15. MOTHER'S MAIDEN NA. FIRST ANNA			?	ST
1		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	ESS		
	L.	res, no or unknown) (if yes,	SIVE WAR OR DATES!	220-44-0	0862	J. RICHARD C	CONNELL 10) LIGHT		21202
1	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION	conditions c Deganer	ste Art	DEATH BUT		IN AL DISEASE OR CON	20b. IF YES, V	WERE FINDIN	NGS USED
1	RTIFIC			5.4.44.84			YES NO	IN CERTIFY II	NG CAUSES	NO [
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	EATH HOUR A		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE.	FARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	ĥ	22a I certify that (I) (this had sow the deceased alive above, (I) (we) (did) (did)	on Diended the body	ofter death.	& al	ecenter, 19 bl	deoth occurred on the d	ote and hour a		
E		22b. SIGNATURE	R Shyp	lee In			MEDICAL STA	FF CIAN [32% DATE	\$1923
1		J. Frznk	Supplee				ersity Pkwy	, Bat	EN, th	21210
		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	JAN. 24			AWN CEM.	23d. LOCATION CITY OR TOWN WOODLAWN	BAI	COUNTY	
82	24 F	UNERAL DIRECTOR TCHELL-WIEDEF	147	ADDRESS	12	25a. DAT	REC'D. BY REGISTRAR N 26 1983	DE CISTO A		TIDO

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(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 7g. DATE OF DEATH I. DECEASED NAME MIDOLE Zb. HOUR (TYPE OR PRINT) M. 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR WHITE YEAR DATS XXXXXXXXX 190 70. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN NEVER MARRIED MARRIED OFK ALTIMORE NAME OF HOSPITAL NURSING HOME O. CITY OR TOWN OF DEATH SHOES MANUFACTURER GIVE RESIDENCE BEFORE ADMISSION 3201 OLD POST DR., APT. 3 13c. CITY OR TOWN 136. INSIDE CITY LIMITS? BALTO. BALTIMORE NOXIX MARYLAND YES T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE STEIN BERTHA STILLMAN **AARON** MRS. DOROTHY M. STEIN 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 216-09-1777 21208 3201 OLD POST DR. BALTO., MD APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 71d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) SIRFET NOT WHILE

saw the deceased alive an_ abave, (1) (we) (did) (did not) view the bady after death. 775 SIGNATURE

THE PHYSICIAN'S NAME (THE DEPOSIT

22a.1 certify that (1) (this hospital) attended the deceased from,

PHYSICIAN [] 22e ADDRESS

23(NAME OF CEMETERY OR CREMATORY

ATTENDING

DEGREE

DIRECTOR PHYSICIAN GERGATRIC C

STAFF

MPORTANT 230 BURIAL, CREMATION, REMOVAL BURIAL

23b. DATE JAN.30,1983

AND-WIN

BETH TFILOH

BALTIMORE

and that in (my) (our) opinion death accurred on the date and have and from the causes stated

MEDICAL

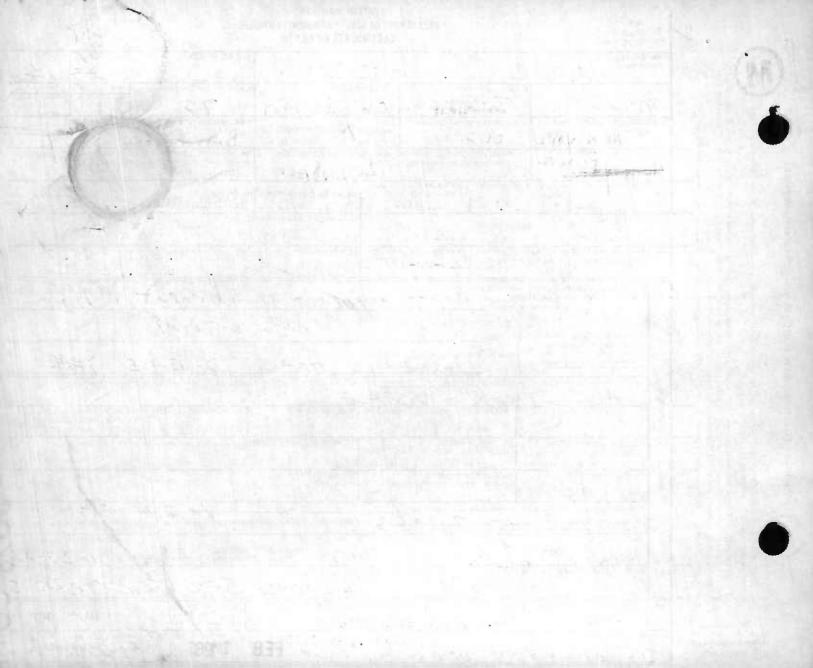
COUNTMARYLAND

22c DATE SIGNED

24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2

SOL CAVINSON YBROS

ADDRESS BALTO., MD 21218 SO DATE REC'D, BY REGISTRAR 25 PEGISTRAR'S SIGNATURE 60010 EUISTEASTOUN



	1-	FOR STATE REGISTRAR	DEPARTMENT OF F	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	014	0 0
2		CEASED NAME FIRST OR PRINT) MAUDE		AST	20 DATE OF DEATH M		7b HOUR
m)					January		5:12pm
2	3. SE	emale	white 5. DATE O		6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR MONTHS DAYS	HOURS MIN.
£ 50	Jan BI	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR		
: 35	N	1 ARY LAND	USA WIDOWE		BALTIMOR	e City	MD
10/0	BCI	ALTIMORE	NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL HOSPIT	HOSPITAL	120, USUAL OCCUPATIO	N 12b. KIND OF	BUSINESS OR
B S	P	MARY AND 136 COUNTY	MER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Y SALTO	13d. INTIPE CITY LIMITS? YES A NO []	130 STREET APPRESS U	Vilkens Au	e21229
3000	14 FA	THER'S NAME FIRST CORGE	5 mith	15. MOTHER'S MAIDEN NAME FIRS MAU	de mpor	Pedric	k
s. Pages medical		VAS DECEASED EVER IN Ú.S. ARME (ES. NO OR UNKNOWN) (IF YES, GIVE W	PAR OR DATES) 214-01-9232	17 INFORMANT	ADDRES		21204
emoval.		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	1 11 . 11	man anest		APPROXIM BETWEEN OF	NSET AND DEATH
ation, at r		Conditions, it ony, which	DUE TO, OR AS A CONSEQUENCE OF	edema		24.	Rouse
ol, crem		cause (0.), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE DA	tic coronar	y vascular d	liear ge	Res
r to bur injury, o	NOI	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing to death</u> but	NOT RELATED TO THE TERM	NAL DISEASE OR CONDI	TION GIVEN IN PART 10	
ows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES	GS USED OF DEATH?
entol Hyg	EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
ed ar h	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY TAT HOME STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE

22 ADDRESS

DEGREE

ATTENDING

21 is marked or He ATTENDING PHYS the haspital or attend TO FUNERAL DIRECTOR. After

> BP. DHMH - 16 50M 1/B1 (VRA 15, 4) rley Funeral Home-6601 Frederick Ave

NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from

23 NAME OF CEMETERY OF CREMATORY BALTIMONE Mary land JAN 2 6 1983

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

STAFF

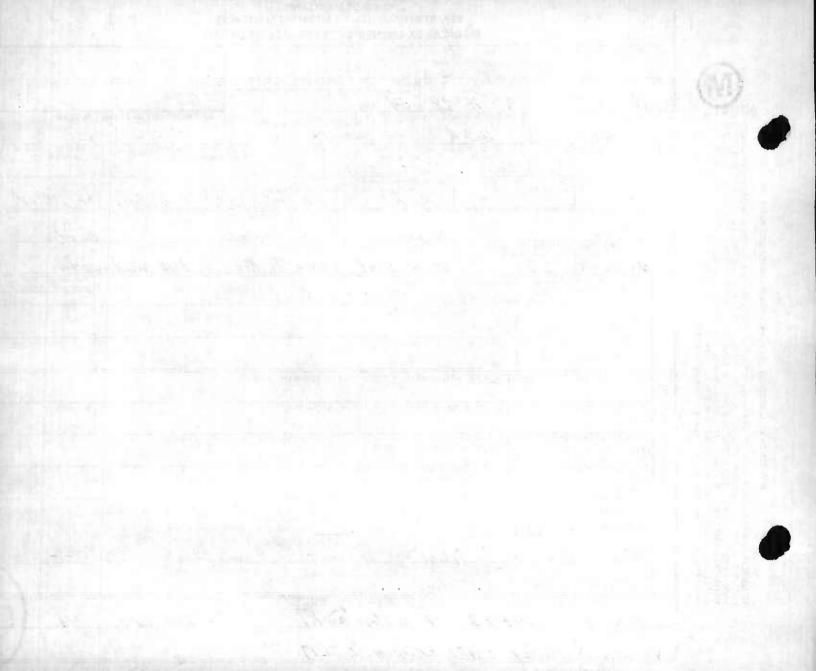
and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

that (I) (we) last

ENT: EFFL, N PERMIT -Tile agent will be X-1 MARKET STATE OF THE STATE OF TH Bright and the state of the sta The state of the s Aniso Bort Spice & Stall

10	STATE REGISTRAR ECEASED NAME FIRST	MEDICAL EX A	MINER'S CERTIFICATE	ME GITTE	
A	TYPE OR PRINT)	MIDDLE	LAST	Marie and the second second	
1) 15	1			OF ESTI-	MONTH DAY YEAR 26. HOUR
1	Lloyd	J.	Steward	DEATH MATED [X]	1 6 ₁₉ 83 _N
	M B	5. DATE OF BIRTH MONTH DAY YEAR 3 - 18 - 28 5	BIRTHDAY) MONTHS DAYS HOURS	ER 24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	1 6 1983 a. M
	BUTTHPLACE STATE OF FOREKIN COUNTRY	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR	Dalliness	
SI	Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD 1232 N. GILMOT	HOME, OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	1AIC
	AL RESIDENCE (IF IN NURSING HOME (136, COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A		130 STREET ADDRESS	11 St. 21217
20"	FATHER'S NAME	MIDDLE LAST STOWAR	15. MOTHER'S MAI		Cuchis
/ 160.	WAS DECEASED EVER IN U.S. AR (YES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES) 7 166 SOCIAL SEC	CURITY NO. 17. INFORMANT 3364 AIMA TUS	ADDRESS CKER 3110 WA	adlaws Ave
ZEMATION, OR REMOVAL	Canditians, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> . PART 2 OTHER SIGNIFICANT CONDITIONS	TE CAUSE (a) ACUTE ETT DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO TO	NCE OF		
PRIOR TO BURNAL, CREMATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY? YES □ NO ☒
FRICAL	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M. 21e PLACE OF INJURY (ATHO	YEAR	RED LENTER NATURE OF INJURY IN 11EM 18 PAR	T 1 OR PART 2) COUNTY STATE
BaltiMORE, MARYLAND, 21201	22s I certify that I took charged death resulted from Natural Signature.	pe of the remains described abave, held	Hamicide TITLE (SPECIFY) M.D.Assistan	Undetermined manner , + MEDICAL EXAMINER	DATE 1-7-83
100					



FOR

- STATE

12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1817 Clarke Blvd. 21227 LAST CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES I NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN 20and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 1-20-83 DIRECTOR PHYSICIAN BP timano Situ Manulan 24 FUNERAL DIRECTOR 250. DA DHMH - 16 50M 4/B2 (VRA 15, 4) 1228 Sulnt Ambrose tuneral Home

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h. HOUR

DAY

YEAR

IF UNDER 1 YEAR DAYS

-t-: = 33 --n Ingo fie type Claimers Intimore St. Agree Houseland Talkings - Delkings one in this come in the company of the company

MIDDLE

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

FOR

REGISTRAR

- STATE

1340 E. Fayette St.21231 Brown 216-36-5726 Chester L. Stinson 1340 E. Fayette S APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ISPECTUR IAIL 2/3/83 Baltimore Mount Calvary Cem Co. Md. 24 FUNERAL DIRECTOR Wm.C.March F/H Inc. 1101 E. North Ave

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO.

2h HOUR

17h. KIND OF BUSINESS OR

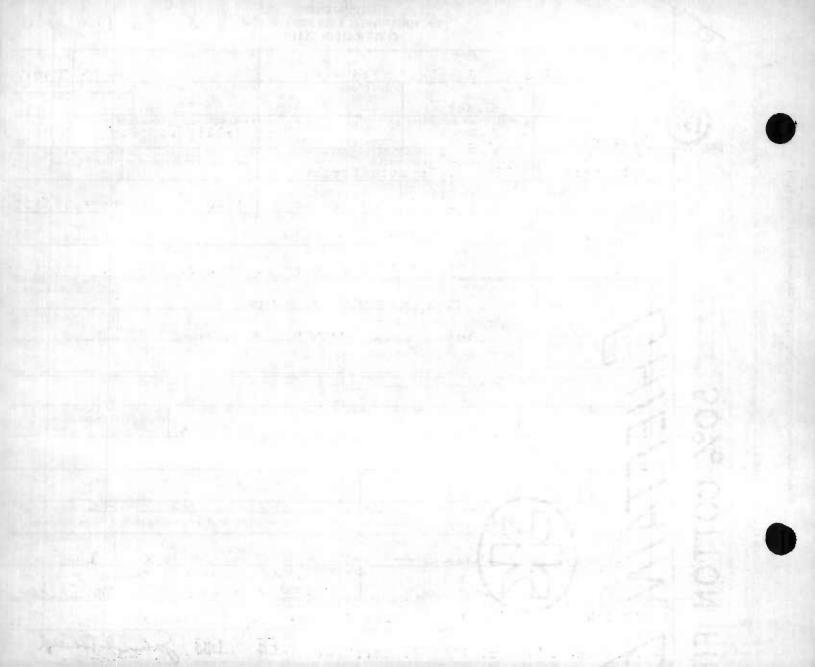
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IF UNDER 24 HRS.

83

IF UNDER I YEAR

INDUSTRY



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	- ST.	ATE GISTRAR		ME		EXAMINE					9 4	REG. N	10.			3
		ASED NAME	FIRST		MIDDLE	-74		LAST			20. DATE K	NOWN X	нтиом Х	DAY	YEAR	26 HOUR
-	280	14.04	BERN		D.			KELIN		Jr.	DEATH	MATED [1-29	-83 T9	YEAR	2d HOUR
ľ	M	B A RA	lk	5. DATE OF BIRTH	1962	6 AGE (IN YEAR LAST BIRTHDAY 20 YRS	MONTH	DER TYR.	HOURS	MIN.	PRONOUNG DEAD	CED	1-29			11:49
X	a. BIRT FOREI	HPLACE (STATE OF		76 CITIZEN OF W			MARRI	gentleg	VER MARRI		Balt		OR COUNT	Y OF DEA	TH	MD.
1	CITY	OR TOWN OF DE	EATH	II NAME OF HO			OR OTH	ER INSTITU	ITION		AL OCCUPA	ATION (TY		12h KIND	OF BUS	INESS
		timore		Univers	ity H	ospital	5.1	·U.		1000						
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	TIFIC													YES	K	NO 🗆
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	~ _	NDERLYING ONTRIBUTING						ting		ect -	head	struc	ck a f	Fire	hydr	ant
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2	F			e of the remains de		ve. held an	Autop	K7%V	Inspectio		Inquiry		and in my op		Ė	
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4	E:	XAMINER'S NAM	Marga	rita A. I	orell	M.D.		ADDRESS_	111		Stre	et				
2.	(SPE	IAL, CREMATION	REMOVAL 2	3b. DATE 23-82	23c.	NAME OF CEM		CREMATO	ORY	23d. LC	CATION OR TOWN		M JCOUN	NTY	STA	TE
	4 FUN	IERAL DIRECTOR		230		414.1	Tu D	W.F.I.	250. DATE	REC'D. BY	REGISTRAR		GISTRAR'S S		E	
	JA	S. A. Mo	RTON	1 Sons	701	LAUR	EN-	2	JAN	31	1983	Joh	hund	- Con	ul	
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Wm. C. march F/H Inc. 1101 E. North Avenue

STATE OF MARYLAND

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2ª DATE OF DEATH 2b. HOUR 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 21 HRS VEAR I STATE OR FOREIGN WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED DIVORCED [Baltimore City NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired LIF NURSING HOME OR OTHER INSTITUTIO 30. STATE 136 COUNTY 13c. CITY OR TOWN 13e, STREET ADDRESS Md 2211 W. Rogers Avenue 21209 Baltimore 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) The Wesley Home Rogers Ave. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b)
PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause tal, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO CERTIFICATION 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

NO

YES -

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21g. ACCIDENT WAS UNDERLYING

HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d INJURY OCCURRED

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

21e PLACE OF INJURY

211 LOCATION STREET

22e ADDRESS

COUNTY STATE

NOT WHILE

AT HOME STREET FACTORY, OFFICE, FARM ETC 1

216. TIME OF INJURY

saw the deceased alive on 77% SIGNATUR

ATTENDING, MEDICAL DIRECTOR ESIGNED

22d PHYSICIAN'S NAME (TYPE COLDER

23b. DATE

22a.1 certify that (1) (this hospital) attended the deceased from...

Pikesville

CITY OR TOWN

STAFF

DHMH - 16 50M 1/B1 (VRA 15, 4)

Hygiene

00

MPORTANT

ld b

Burial

Burgee Funeral Home

Druid Ridge Cemetery

23d COCATION

24 FUNERAL DIRECTOR

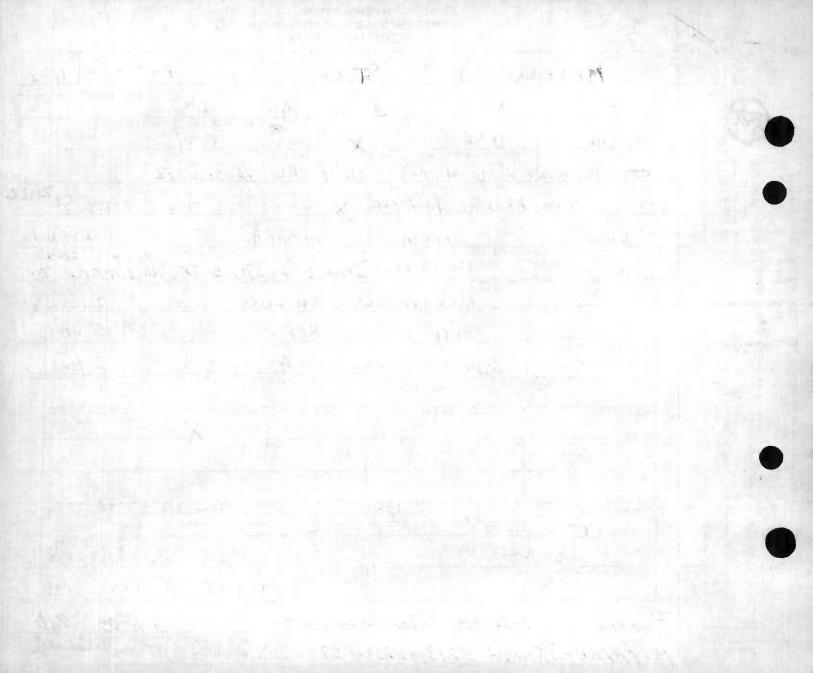
230 BURIAL, CREMATION, REMOVAL

3631 Falls Rd.

POSIS DEMONS TRANSPORT . IN STREET STREET

				STATE OF MARYL	AND			
10	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND CERTIFICATE OF		8 3	0 1	4 0 /
1	1 5 5					REG. NO.		4
2/ //		CEASED NAME FIRST	WIDDIE	LAST	20 DA	ATE OF DEATH MO	NTH DAY YEAR	2h HOUR
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	3. SE		4 RACE	5. DATE OF BIRTH		IN YEARS LAST BIRTHDA		A M
			()	MONTH DAY	YEAR	1 3	MONTHS DAY	
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0	1	MARYLAND	1 11 SA	14 4	NORCED []	CITY		AAD
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X		COS BALTIMAN	F NOT IN SUCH FACILITY, GIVE STREE	APDRESS)	-AI (TYPE C	F WORK FOR MOST OF WO	ORKING LIFE) INDUSTR	
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17		VAS DECEASED EVER IN U.S. AI	VE WAR OR DATES	URITY NO. 17 INFORMA	ANT	ADDRESS	13079	21043
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			nly ane couse per lige for (a), (b), a	· I DVI-113	D 7-0/-	NE VI.		XIMATE INTERVAL
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		gave rise to immediate						
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5	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	71r HOW/IN	NJURY OCCURRED (EN		YES	NO 🗌
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	CA	(IF EITHER NOTIFY MEDICAL EXAMINE		19				
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			ital) attended the deceased from	1980	10	JAN Z.	2 10 83	
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		abave, (I) we (did) (did no	ot) view the bady ofter death.	ond that in (my)	(aur) apinian death o	ccurred on the date of	and have and from th	e couses stated
	78	226. SIGNATURE		DEGREE			22c. DAT	E SIGNED
		50	,~()		ATTENDING MED	ICAL STAFF	dr 1/2	2183
H		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRES	PHYSICIAN DIREC	TOR PHISICIAN	13(100
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	23a B	URIAL, CREMATION, REMOVAL	. 23b. DATE 23c.	NAME OF CEMETERY OR	CREMATORY 236.	LOCATION	Isa in	
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	24 FL	NERAL DIRECTOR		1	25g DATE RECED	BY REGISTRAR 1916	REGISTRAR'S SHENA	ORE .
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5	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	1408
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	1	SOP	HIE	STONER	0	1883 920 7
7	3. SE		4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1)		Female	White	July 18, 1897	85 YRS	
35		irthplace (State or Foreign Confirm) Confirm Janyland	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE C	ITY MD.
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Comine	14. F	ATHER'S NAME (Parles		Lins 15. MOTHER'S MAIDEN N	WYGOLE WROWN	LAST
medicol		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	Md.21061
ae /		No	219-20-	7170A Mr. Harvey.	Stoner, 2 Baltimo	re Ave. Glen Burn
rinjury, or other troumo	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	CONTRIBUTIONS CONTRIBUTING TO	JENCE OF LENGE OF ACO DEATH BUT NOT RELATED TO THE TER HEART FAIL	me	
2 3	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	TES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
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rkedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
If hem 21 is mo			pital) attended the deceased from 17 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDING	n death occurred on the date and h	our and from the causes stated
Ž-	1	228. PHYSICIAN'S NAME (TYPE		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	11/0/10
IMPORTANT			. MILLER, M.D.		. UNIVERSITY PAR	KWAY
≤! -	230	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	Jan. 20, 1983 (NAME OF CEMETERY OR CREMATORY Ledan Hill Cemeter	y Baltimore,	Aranyland STATE
4/82		UNERAL DIRECTOR	Home 120 & Foot	21230 250. D	ATE REC'D. BY REGISTRAR 256. REV	ISTRAR'S SIGNATUSELLES

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-R. DEATH MATED X Gary Stotler 1983 24 HOUR 8:14 a.m 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR. SEX IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED Male White Oct. 14 1959 23 DEAD 1983 TE CITIZEN OF WHAT COUNTRY BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY) Baltimore U.S.A. Baltimore City WIDOWED [DIVORCED IN CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Baltimore 2309 Cedley (Avenue) Street Apprentice Alarm Inst. LUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 130 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 136 COUNTY Baltimore 2309 Cedley Ave. 21230 Maryland NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDGLE FIRST MIDDLE LAST Donald Stotler Barbara Harris 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 219-78-4994 Emmett F. Toomey 2309CEdley St. 21230 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-Gunshot wound of Head (handgun) IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRICE TO BURIAL (head only) 16. TIME OF INJURY (est)
HOUR A.M. MONTH DAY YEAR 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING DOR 1983 subject shot himself CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. TIL LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 2309 Cedley Avenue, Baltimore, Maryland Home PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 7 head only Autapsy X 220 I certify that Naak charge of the remains Inspection Inquiry and in my apinian death resulted & Natural causes ident Hamicide __ Undetermined manner TITLE (SPECIFY) DATE 1-2-83 Assistant MEDICAL EXAMINER Dennis F. Smyth. III Penn Street EXAMINER'S NAME TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Meadowridge Mem. Park Burial Md. Howard_ 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. RP **DHMH - 17** Lilly & Zeiler, Inc. 1901 Eastern Ave. 21231 (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND

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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour after death. Name 4 in etained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the little should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled in a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
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SEX CRACE STATE OF BRITH STATE OF WHAT COUNTRY			OR PRINT)		or T	20 DATE OF DEATH		3 443
BERTHRACE (STATE OFFICE) 18 CITY OR TOWN OF DEATH		3. SEX				6 AGE (IN YEARS LAST	BIRTHDAY) IF UNDER 1 YE	AR IF UNDER 24 HRS
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23a BURIL CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR FOWN	<			./		/		
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR			The second secon	. / /	25	/		
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136 BURILL REMOVAL 1736 DATE 1736 NAME OF CEMETERY OR CREMATORY 1736 LOCATION CITY OF TOWN CITY	1	Н	THE PHYTICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		//	
182 PARIAL 2-1-83 Ma. Vot Crouns ville Crowns ville Ma. 24. FUNERAL DIRECTOR 25. DATE REC'D. BY REGISTRAR 256 AUGISTRAR'S SIGNATURE	ž /	23a P	URI CERMATION REMOVA	1 123h DATE 1236	NAME OF CEMETERY OF CREA	MATORY 23d LOCATION	+ '	
24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 AUGISTRAR'S SIGNATURE		- {	SPEC A LIDIAL	2-1-83	MAIL O	CITY OR TOWN		Mid.
B2 NAME ADDRESS A		24. Fg.	INERAL DIRECTOR		10. 10 0 1 0 C 103 C			ATURE •
	/B2		NAME .	ALM COME ITA	LANDENS	IAN 31 1983	Johnson	Cabrell

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

L	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.		
(1)	PECEASED NAME SUSAN SUSAN SUSAN	(rmi)	STRE	त्रें इंट्रिंग	20. DATE OF DEATH 19/22	/1283 ^{YEAR}	12:25 PM
L	F FEMALE	4. RACE BLACK	5 DAGE OF	371,925 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 57 yrs. YRS	IF UNDER LYEAR	HOURS MIN.
N	BIRTHPLACE (STATE ON FOREIGN COUNTRY) COUNTRY) CAROLINA	76. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNT		MD.
	BACTIMURE)	11. NAME OF HOSPITAL, NURS	TET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)		OF BUSINESS OR
130		NTY CO 13c. CITY OR TO	CTIMES	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 117 I	EAST AVE	
	LK	MIDDLE LAST			A \C.	LAS	.T
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? WE WAR OR DATES] 1216-28- 2 1 6 3 8	-T/3/	and the same of th	HONY STREET H.H. BLISS, TEXAS 79	.B. 165	
	Conditions, if ony, which gave rise to immediate cause 101. stating the underlying cause last	DUE TO, OR AS A CONSEO	DUENCE OF	Combu		30	IMATE INTERVAL ONSELAND DEATH
TION		No	ne		MINAL DISEASE OR CONDITION G		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION		YES NOT IN CERT		
MEDICAL CE	21g. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	19	211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	2º
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE	E, FARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
ď	sow the deceased alive on above, (1) (we) (did) (did na	tol) attended the deceased fram			deoth accurred on the date and ha	ur and fram the c	that (I) (we) last causes stated
	22b SIGNATURE	->	DI	EGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE S	SIGNED 2
	DE SIL	R PRINT)		22e ADDRESS	J. Bessour	NEW	70 hys

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR

MPORTANT

23b. DATE

230 BURIAL, CREMATION, REMOVAL BURTAL

23¢ NAME OF CEMETERY OR CREMATORY MT. CALVARY CEMETERY 23d. LOCATION GLEN BURNIE

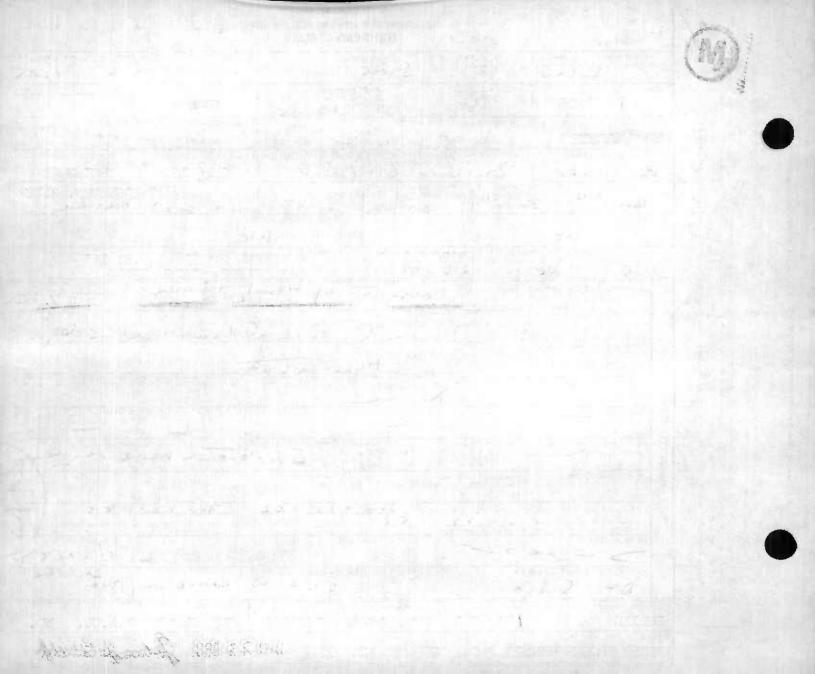
A.A.CO.

MD.

WALTER BROOKS BRADLEY INC., DÜNDALK, MD. 21222

1/25/1983

JAN 26



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 20. DATE OF DEATH MONTH DAY

IF UNDER I YEAR ONTHS DAYS

YEAR	2b. HOUR	
	11.52	D

ECEASED NAME	FIRST	MIDOLE	EAST	11.8	
- Caranti	Joseph	m.	Strempek,	Sr.	
MAL	E	1. RACE	5. DATE OF BI	3 1986	

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

76 CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED

DIVORCED | WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS?

Baltimore City 12a. USUAL OCCUPATION TYPE WORK FOR MOST OF WORKING LIFE

BALTIMORE CITY OR COUNTY OF DEATH

January 18, 1983 AGE (IN YEARS LAST BIRTHDAY)

> 12b. KIND OF BUSINESS OR INDUSTRY

Baltimore Maryland General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY

MIDDLE

LAST

APPROXIMATE INTERVAL

9 Days

L'ESTHELS NAME

PEGISTRAP

In DINTHPLACE (STATE OF FOREIGN

A-CITY OR TOWN OF DEATH

ARMED FORCES?

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

ADDRESS

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost

PART I DEATH WAS CAUSED BY

Cardiopulmonary Arrest IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF Cerebrovascular Accident

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION

21d. INJURY OCCURRED

216. TIME OF INJURY

210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

NOIX

20a AUTOPSY?

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

COUNTY STATE

NO F

220.1 certify that (1) (this hospital) attended the descosed from_ sow the eleceosed diverged anuary 10, obove, (A (we) (did yard hot) view the body ofter death. 22b. SIGNATURE

DEGREE

January

83

211. LOCATION

220. ADDRESS

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

January

and that in (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

fars our 224 PHYSICIAN'S NAME LITYPE OR PRINTS

NOT WHILE

Bayani B. Elma, M.D.

c/o Maryland General Hospital

DHMH - 16 50M 4/82

(VRA 15, 4)

CATION

MEDICAL

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		and a		
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-	/	THE REST OF STREET				STAT	E OF MARYLAND	- 4,5		-15-		4
1	1.	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3								•4	1 3
		REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. N	0.		
		CEASED NAME FIRST		MIDDLE			LAST		2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
-		WILI	$_{\rm IAM}$	J.	STR	RICKE	R			/ 3	30 03	6.05 M
	3. SE	X	4. RACE	77.5		5. DATE C			6 AGE (IN YEARS LAST BI	RTHDAY}	IF UNDER I YEAR	IF UNDER 24 HRS
		Male	Whi	te		Aug		16	66	YRS	MONTHS DATS	HOURS MIN.
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHATC	OUNTRY?	8	D NEVER MARK	DIED IX	9 BALTIMORE CITY		Y OF DEATH	
	7	Maryland	1	JSA		WIDOWE			Baltimor	e Cit	V	MD
~	10. CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITA	L, NURSIN	IG HOME	OR OTHER INSTITUT	ION	12a USUAL OCCUPAT		126. KIND C	OF BUSINESS OR
1	E	Baltimore	North	Chai	rles	Gene	ral Hosp	oital	Sales Cl			rdware
	USU,	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION		OR TOW		1334 INICIDE CITY		NA CTOSET LEBOSCO			
5		aryland			altim		13d INSIDE CITY L		13e STREET ADDRESS 402 Radi	nor F	Rd. 2	21212
		ATHER'S NAME			193		15 MOTHER'S MA		ΛE			
D	30	14/122	seph	Stri	cker		Nellie		MIDDLE	N	orton LAS	šŤ
		WAS DECEASED EVER IN U.S. AR	MED FORCES?		CIAL SECU	RITY NO.	17. INFORMANT		ADDR		OI COIT	
	()	YES NO OR UNKNOWN) (IF YES, GIT	E WAR OR DATES)	215	01 3	3718	Mrs. A	. Ve	ernon Star	nes.	Sa	me
9		18 CAUSE OF DEATH (Enter or	ly one course ne		_		141101	1	t star	1	APPROX	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY:	10	2 60	1:0	me Shill	ate	oru tai	luca	BEIWEEN	ONSET AND DEATH
3		7866 MMEDIA	E CAUSE (a)		A.C.		- Cyrol		29 14	Lun		
		Conditions, if any, which	DUE TO, O	R AS A C	ONSEQUE	NCE OF	PYIN		0		TO A SHIP	
		gove rise to immediate	(b)			M	CAIU					
		cause (a), stating the underlying cause last	DUE TO, O	R AS A C	ONSEQUE	NCE OF	Luna	Ma	99 :			
	1.5	PART 2 OTHER SIGNIFICANT	ONDITIONS	ONTRIBU	IING TO F	DEATH BUT		HE TERAL	NAI DISEASE OR CON	DITION CIV	(ENLINI DADT 1/	
	O					27.11.1		THE PERMANE	THE DISEASE ON COIN	DINON GIV	EIN IIN FART (II	
	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FO	R WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	20b. IF YES	S, WERE FINDIN	VGS USED
3	TIFIC								YES NO X		YING CAUSES	OF DEATH?
3	CER	21a. ACCIDENT WAS UNDERLYING					21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJU			
П		OR CONTRIBUTING CAUSE OF DE		M. MO M.	NTH DA	Y YEAR						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJUR	RY		21f LOCATION					
	×	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTO	RY, OFFICE, FA	ARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
	50	22a.) certify that it (this haspi	tol) ottended th	e deceasi	ed fram_	1.	27 19	2	to / - 9	20	10 2	that N (we) lost
1		sow the deceased office on abave (we) (did) (did no				P3", or	nd that in (m) (our)	opinion d	leath occurred on the d	ote and hav	-	
ч		22b. SIGNLYURE	view the body	offer dea	ith.		DEGREE				22c. DATE	
		Mulall	eena	eu,				DING	MEDICAL STA		- 1.1	20:12
H		224 PHYSICIAN'S NAME (TYPE C	R PRINT)				22e ADDRESS	7/	DIRECTOR PHYSIC	(Da	10101	Wash
		SKULAR	100 ds	SAU	Λ		Nor	Su (warter	UED	revan	405/
-	23a, B	BURIAL, CREMATION, REMOVAL	123b. DATE	7,00		AME OF C	EMETERY OR CREM	ATORY	23d. LOCATION			
3	- (Burial	2/2/8	33			Cathedral	A OK I	Balto.		COUNTY	1D STATE
		JNERAL DIRECTOR Henry						25a DATE	REC'D. BY REGISTRAR	25h R GIST		_
		905 York Road	Balto		ADDRESS ND	212		JAN	31 1983	John	20	will .
-	70	JUST TOTA ROAU	Daile	1001	VID	212	16		- 1000		7	Different A Total

DHMH - 16 50M 1/81 (VRA 15, 4)

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i . . . Andrews West Entre County Const. I Houself Large Clark Charles it to ... A manifest soul and a secretification William Joseph statistics willing the common of the common esta or arts has a variable for the route the second of the iL THE YORK FOR ENTE, MINE TITLE JAN 31 1983 Janua Cruice: IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical

page 3 er death

	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLA EALTH AND M ICATE OF D	MENTAL HYGI	RE	3 G. NO.	0 1 •	1 4
	1 DE	CEASED NAME CORPRINT)	FIRST LAT	URA E	E. S	stub	STUBBI		20. DATE OF DEA	H MONTH	Z9, 1983	1203 1203 1203
	3 SE	Х	4.	RACE	THE A	5 DATE C		YEAR	6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	_	FEMALE		WHIT	CE	04	19	11		71 YRS	MONTHS DATS	HOURS MIN.
'n	1	RTHPLACE (STATE OR F		CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER M	ARRIED -	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH	
L	_	ENNSYLVANI		U.S		WIDOWE		ORCED 🔀		MORE CI		MD.
1		ALT IMORE	TH III	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET, T. AGNES	ADDRESS)		ITYTION	120 USUAL OCCU (TYPE OF WORK FOR A SEAMS!	AOST OF WORKING	126 KIND OF INDUSTRY CLOTH	BUSINESS OR
À		AL RESIDENCE (IF NURSI	NG HOME OF OT	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					CLOIN	LING
>		ARYLAND		-	BALT IMC		13d. INSIDE CI YES 🔀	NO [13e. STREET ADDR 3708 M		AVENUE,	21229
15	14 FA	THER'S NAME EIRST	MIE	DDLE	LAST			MAIDEN NAM			LAST	
		JOHN	Н		STUBBLEE			LIZABET	H	C.		DERS
		VAS DECEASED EVER I	N U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMAL	NI	A	DDRESS		
		NO			166-16-		ALVERE	ETTA M.	DAVIS	3708 Mc	TAVISH A	
		18 CAUSE OF DEATH PART I. DEATH W.	S CAUSED I	one couse per BY	line fould , Iby and	d (c)	1			A - A	BETWEEN	NATE INTERVAL NET AND DEATH
		111-0	IMMEDIATE	CAUSE (o)	Larcha	e au	exp	^	1		min	utes_
		4100	8	DUE 10. OF	AS CONSTOLE		. 1.1) - /2	+		6	0
		Conditions, if ony, gove rise to imm couse (o), stoting	ediote	DUE TO, OR	Λ	myse	and a	more	<u>cura</u>		40	cacy
		underlying couse	Adrose	NCELDE	card	uspasou	las dis	ease	yes	14		
	N	PART 2 OTHER SIGN	IFICANT CO	NDITION	NIR BUT NO TO D	EATH BUD	LATED	TO THE TERM!	NAL DISEASE OR	CONDITION G	IVEN IN PART 110	
1	ATIC	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?	20b. IF YE	ES, WERE FINDIN	GS USED
	CERTIFICATION								YES NO	IN CERT	IFYING CAUSES	OF DEATH?
		210. ACCIDENT WAS UND		216. TIME OF	FINJURY M. MONTH DA	Y YEAR	21c HOW INJ	URY OCCURR	ED (ENTERNATURE O	F INJURY IN ITEM 18	PART 1 OR PART 2)	
	CAL	OR CONTRIBUTING C		P.A		19						
	MEDICAL	21d. INJURY OCCURR		21e PLACE C	OF INJURY BET FACTORY, OFFICE, FA	ARM ETC)	211 LOCATIO	N.	CITY	OR TOWN	COUNTY	STATE
	1	AT WORK AT WOR	K .									
	5-11	22a.l certify that (1) (sow the decease	-) offended the	deceased from	Λ	d that in (my) (n, 19	eoth occurred on t		19, 1	
		226, SIGN	did did nuti v	the body	atter death.	4	EGREE .	out, opinion a	- Corred on	me dote ond no	22c. DATE S	
		CX	Coloni	t V	MALLE	L M	AT	TTENDING HYSICIAN [MEDICAL DIRECTOR PH	STAFF	1.2	9.83
		22d PHYLICIANISMA	The forday	RIND III	1 mi	1	72e. ADDRESS			^	W	
			gory.	F. MY	1.217	N.D.					CATON A	VENUE
	- 6	URIAL, CREMATION,	ENONT)	23b. DATE			EMETERY OR C	REMATORY	23d. LOCATION	VN.	COUNTY	STATE
	_	URIAL INFRAL DIRECTOR	PATTO	02-01	-83	0A	KLAWN	Tage DATE	WILKES		LUZERNE	PA.

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

29 250. DATE REC'D. BY REGIST

236. REGISTRAR'S SIGNATURE

THE RESIDENCE OF THE PARTY OF T Litelant visit entre estant it amount in assistments and in High the same of the last the same of the . It is the state of the state

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERT	IFICATE OF DEATH	REG. NO.								
1. DECEASED NAME	FIRST A	MIDDLE	LAST		ONIH DAY YEAR	2b HOUR						
EL	SIE A	SUMMERS		0	1/24/83	10:45						
3. SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS						
Jemale	Whis	te. D	ec. 05.1899	83	YRS.	HOURS MIN						
BIRTHPLACE (STATE ORE		WHAT COUNTRY? 8		9 BALTIMORE CITY OR								
Maryland	115+	4 MARR	VED NEVER MARRIED	BALTIMORE	CUTY	M						
CITY OF TOWN OF DEA		OSPITAL, NURSING HOME	6.2.	120. USUAL OCCUPATION		OF BUSINESS O						
BALTO., CI		t. Aones Hosp	iatal	(TYPE OF WORK FOR MOST OF V		,						
SUAL RESIDENCE HE NURS	ING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	4)	housewife	Uwn	home						
Naryland	Baltimore	Arbutus	YES NO D	13e STREET ADDRESS	1	2.000						
FATHER'S NAME	Duccinone	TOTOUXUS	15. MOTHER'S MAIDEN NA	ME 5029 Ureg	on Avenue	2122/						
FIRST	MIDDLE	7 LAST	FIRST	MIDDLE	LA	AST						
WAS DECEASED EVER	IN U.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRES:	5/ =0 = 0 . 1	1						
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	242 7/ //5/7	M a	1 0	4505 Ridge	Avenue						
no		213-/4-450/	Mrs. Joan	H. Jummers								
PART I. DEATH W	H (Enter only one couse per AS CAUSED BY:	line for (0), (b), and (c).)	. 01	-1	BETWEEN	ONSET AND DEATH						
4100	2	& hour.										
110	Conditions, if ony, which (b) Heule Myocardral Infarction											
Conditions, if any, gave rise to imm		Hour	e Myolaidia	e I warch	ew ah	our 7.						
couse (a), statin	18) Near										
underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF HELD Sclerotic Cardio vasuable 10 y												
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)												
19a. DATE OF OPERAT	01.00.00	TION FOR WHICH OPERATI	WAS DEDECTIVED	20a AUTOPSY?	OAL IF VEC WEDE FINIS	N. Lang Lucian						
9		TION FOR WHICH OPERATI	ON WAS PERFORMED		20b. IF YES, WERE FINDI IN CERTIFYING CAUSE	S OF DEATH?						
Nov		r INTUINI	Val. How have a const	YES NO	YES 🗌	NO 🗌						
OR CONTROLOURNESS C		m. Month day yea	R ZIG. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART 2)							
I IF EITHER NOTHY MEDIC	(ALEXAMINER) P.A											
2	LAT HOME STRE	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE						
AT WORK AT WOR	1()											
220 I certify that (I)	220 certify that (1) (this haspital) attended the deceased from 1 - 20 - 19 83, to 1 - 24 - 19 83, that (1) (we) la											
saw the decease	d alive on	24- 19 83	and that in (my) (our) apinion	death accurred on the date	ond hour and from the	e couses stated						
22b. SIGNATURE	A		DEGREE		22c. DATI	ESIGNED						
Georg	e of Vellaur F.	raian	MO ATTENDING PHYSICIAN I	MEDICAL STAFF	NE 1-	24-83						
22d PHYSICIAN'S NA	ME (TYPE OF PRINT)		22e ADDRESS St. A									
G. VE11	ANIKARAN	V MD	0-00	10	ital	10 2125						
			1 - 02 1010	Huenne. 13a	eltimpe 1	W-2122						
230 BURIAL, CREMATION,			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE						
burial	1/27/	83 Loud		y Baltimore	City. Mary	uland						
4 FUNERAL DIRECTOR			250. DAT	EREC'D BY REGISTRAR	GISTRAR'S SIG	TURE .						

DHMH - 16 50M 1/81 (VRA 15, 4)

Ambrose Juneral Home

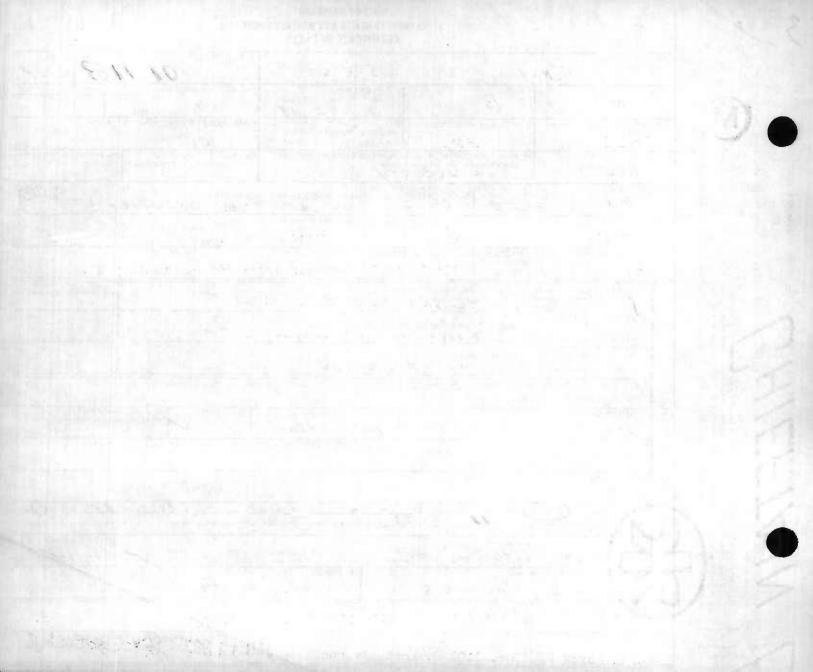
BP.

101/24/E3 = 10/45/10 7 = 1

	1		STATE OF MARYLAND	
	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S S	1 4 1 6
([0,0])	1 DE	CEASED NAME _ FIRST	REG. NO. MIDDLE LAST 20 DATE OF DEATH MONTH DA	AY YEAR 25 HOUR
LIVIN		ORPRINT) June	L. Surwilo 1-8	-83 424 AM
ge 4 may ector, pa	3. SE	Female		FUNDER I YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
eath. Pag	7a. 81	RTHPLACE (STATE OR FOREIGN COUNTRY) S AOregon	76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY CO	OF DEATH
after de	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) BON SECOTION HOSPITAL UNEM OF LIFE UNEM OF	12b. KIND OF BUSINESS OR INDUSTRY
24 haurs ould in b	13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	nt St 21223
completely that a short	14 FA	THER'S NAME PIRST	MIDDLE WORLD IS. MOTHER'S MAIDEN NAME TO MIDDLE HOUSE HOWE	(Green
n and car Pages medical		(AS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 220-76-76/4 Shirley Keister 511 S. Collin	
Le ivo of		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
sertificate by physicio ban papers removal.	×	PART I. DEATH WAS CAUSE	DBY: TE CAUSE (0) hyporia main barnes	+ charas
death ce ottendin ove carb ition, or i		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	10 min.
by the ass remo		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	11/2 years
equires the signed Then plector to burial injury, at	NOI	PART ? OTHER SIGNIFICANT	CONDITIONS CONTINUE TO DEATH BUT NOT RELATED TO THE TENTINAL DISEASE OR CONDITION GIVEN	N IN PART 1(a)
dan. has been t permit. T permit. T iene prior!	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION OF WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 286. IF YES, IN CERTIFY! YES NO YES YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
HYSICIAN: THe ding physicic is certificate burial-transit Mental Hygis ar Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE,	HOUR A.M. MONTH DAY YEAR	IT & OR PART 2)
- C C	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN	COUNTY STATE
or after the se as the marked			solly offended the deceased from 1 - 4 19 83 to 1 - 8 15	that (I) (we) lost
R ATTENDIN hospital or of IRECTOR: Affined for use of the period of the		saw the deceased flive an	1 77 107	
A H B be be		27h SHEWATURE	DEGREE	22c. DATE SIGNED
1 + 1 + 0		Willia Porost	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1-8-83
TO HOSPITAL TO FUNERAL Should be deti with the Store		EPHEN A	SMITH MD 2000 W. BALTIMORE ST. BA	117. 21223
F 2		URIAL, CREMATION, REMOVAL	CITY OR TOWN	COUNTY STATE
BP	24 51	Burial JNERAL DIRECTOR	Jan. 11, 1983 Crownsville Veterans Crownsville,	Md.
DHMH-16 30M 2/80 (VRA 15, 4)			Inc. 1901 Eastern Ave. (21231) JAN 1 0 1983	J. Couries

There is a second of the secon .eva compalific .: [12] Keister 711 i. Collingrop Ave. Lilly a "eller Jon 1901 Sautern Ave. (21231) [File of 1977 of the grant Liver a

3 4	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG		0	1 4	17
y be ge 3 death		CEASED NAME E OR PRINT)	FIRST		WIDDLE	5	YKES		REG. N 20. DATE OF DEATH		IL 83	26. HOUR 6-30 PM
poe 4 mo	3. SE	M		RACE		S. DATE C		YEAR 18	6. AGE IN YEARS LAST BE	YRS	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
fun dithin	7	RTHPLACE (STATE OR FO COUNTRY) Virginia ITY OR TOWN OF DEA:		U.	S.A. HOSPITAL, NUI	MARRIE		VORCED [9. BALTIMORE CITY	ТУ		MD.
not softe filed we filed we		BALTO AL RESIDENCE (IF NURSH	300	(IF NOT IN SUC	CH FACILITY, GIVE ST	S 17			(TYPE OF WORK FOR MOST	OF WORKING LIFE	E) INDUSTRY	
LAND 2 in 24 hc in 24 hc in 24 hc	13a. S	STATE Md	13b. COUNT		13c. CITY OR T	OWN	13d. INSIDE C	NO 🗌	130. STREET ADDRESS	ANTE	EY 5	- 212 2 9
maker in Mak		Willie		IDDLE	Sykes		Wi	MAIDENNA 111ie	Mae	12.5	Fre	eeman
aLTIMORE, e be executed on and control or and contr	léa V	VAS DECEASED EVER II YES, NO OR UNKNOWN) NO		NED FORCES? WAR OR DATES)	166 SOCIAL S 228-1	ECURITY NO.	Corne		kes 765 N.			
, 201 W. PRESTON ST., BALTIMORE, res that the death certificate be executed by the attending physician and considers remaye carbanpapers. Pages 1 purial, cremation, ar remayal. y, ar ather traumatic event, the medical		Conditions, if any, gove rise to immucouse (a), stating underlying cause	which ediate the lost.	DUE TO, O	GENER OF AS A CONSE OF AS A CONSE HYPE	OUENCE OF TING OUENCE OF RTEN	ANEUR	ysm.	AORTA	NDITION GIV		IMATE INTERVAL ONSET AND DEATH
I. RECORDS In law requi	CERTIFICATION	RENA (190 DATE OF OPERATION 1-6-8-	L FI	AILUK 196. COND		ICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES	, WERE FINDI	NGS USED
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir r attending physician. Ifter this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b and mental Hygiene prior to b orked ar Item 18 shows any injury	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEAT	P. 21e PLACE	OF INJURY M, MONTH M, OF INJURY REET, FACTORY OFF	19	21c. HOW IN		RED (ENTER NATURE OF INJU	URY IN ITEM 18 P.		STATE
OR ATTENDING OR ATTENDING DECTOR: After oched for use as 1 Dept. of Health of them 21 is mark		220.1 certify that (I) (saw the decases above, (I) (we) (di 22b, SIGNATURE	his hospited d alive an _ d) (did nat)	view the bady	after death.	9 <u>83</u> , or	DEGREE	aur opinion	death accurred on the c		22c. DATE	SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store IMPORTANT:	200	220. PHYSICIANS NAI	ME (TYPE OR	TAVA	aRE5		220. ADDRES	PHYSICIAN [s	H HOST		7-7	11-83
BP		SURIAL, CREMATION, R	EMOVAL	1/15	7/83	Family	Plot (Cem.	Norfolk		COUNTY	Vatare Va
DHMH - 16 50M 4/82 (VRA 15, 4)		m. C. Marc	h F/H	Inc. 1	101 E.	North A	Avenue	250. DAT	AN 121983	John	MAR'S SIGNA	shield



puo

should be detached for use as the burial-transit permit. Then please remaye carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0				
	CEASED NAME FIRST		MIDDLE	l	AST .	20. DATE OF DEATH	MONTH	DAY YE.	AR 2b	HOUR	
(TYPE	E OR PRINT)	mm r	**	MATE	OMM	01 28 83					
3. SE	CHARLO								S3 F	UNDER 24	
3.367	^			MONTH	DAY YEAR					DURS .	
7 0	FEMALE		HITE	09	26 1896		86 YRS.				
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	E COUNT	Y OF DEAT	Н		
1	NEW YORK		J.S.A.	WIDOWE		BALTIMORI		Y			
10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPAT			ND OF B	USINESS	
В	BALTIMORE		HICKORY		JE. 21211	HOMEMAKE	_				
USU	AL RESIDENCE IF NURSING HOME (STATE 13b. COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)							
	MARYLAND	7171	BALT IMO		YES NO [3538 HICK	OPV /	VENIIE	21	211	
	ATHER'S NAME		DALLINO	IVII	15 MOTHER'S MAIDEN NA		COICT P	IVENUE	9 4.	. 411	
4	FIRST	MIDDLE	LAST CITY	ZTDOIT	FIRST	WIDDLE		TINT	LAST Z NTOT.7	NT	
160.14	EMIL WAS DECEASED EVER IN U.S. A	PAGE EORCESS	ENGELSI		SELMA 17. INFORMANT	ADDRI	FSS	UNI	KNOW	IA	
		GIVE WAR OR DATES)									
	NO		215-22-	5955	OTTO H. ENGI	ELSKIRCH 3	07 TH	IRD A			
	18 CAUSE OF DEATH (Enter	only one couse pe	line for (a), (b), one	d (c).)				BETV	PROXIMAT VEEN ONS	E INTERVA	
	18 CAUSE OF DEATH. (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A S CU D MARCHAEL CAUSE (b)										
3.6	4029 DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if ony, which ((b) Au per terrer										
	Conditions, if onv. which	(16)	his ner.	Lever	5						
	gove rise to immediate	(b)			v~						
		DUE TO, O	R AS A CONSEQUE		b ~						
	gove rise to immediate couse (a), stating the underlying couse last.	(c)_	r as a conseque	NCE OF		IN ALDISE ASE OR CON	IDITION G	IVEN IN DAI	OI 1 a		
NO	gave rise to immediate cause (a), stating the	CONDITIONS C	R AS A CONSEQUE	NCE OF		INAL DISEASE OR CON	IDITION G	IVEN IN PAI	RT 1(o)		
ATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	CONDITIONS C	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	9.53		3	SUSED	
FICATION	gove rise to immediate couse (a), stating the underlying couse last.	CONDITIONS C	R AS A CONSEQUE	DEATH BUT		20e AUTOPSY?	20b. IF YI	ES, WERE FI	NDINGS JSES OF	DEATH	
ERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19e. DATE OF OPERATION	CONDITIONS COND	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF YI	ES, WERE FI IFYING CAI 'ES	NDINGS JSES OF		
L CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YI	ES, WERE FI IFYING CAI 'ES	NDINGS JSES OF	DEATH	
	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	CONDITIONS C. 19b. COND 19b. COND ATH HOUR A. ER) P	R AS A CONSEQUE DITRIBUTING TO D TO FOR WHICH OF INJURY M. MONTH DA M.	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE	200 AUTOPSY?	20b. IF YI	ES, WERE FI IFYING CAI 'ES	NDINGS JSES OF	DEATH	
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	CONDITIONS CONDITIONS	R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA	OPERATIO AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF YI IN CERT Y IRY IN ITEM 18	ES, WERE FI IFYING CAI 'ES	NDINGS JSES OF 1 (T 2)	DEATH	
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	CONDITIONS CONDITIONS	R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY	OPERATIO AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURF	200 AUTOPSY? YES NO ENTER NATURE OF INJU	20b. IF YI IN CERT Y IRY IN ITEM 18	ES, WERE FI IFYING CAI 'ES PART I OR PAR	NDINGS JSES OF 1 (T 2)	DEATH	
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	CONDITIONS CONDITIONS	R AS A CONSEQUE ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	OPERATIO OPERATIO ANY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE 21l. LOCATION STREET	200 AUTOPSY? YES NO CITY OR TO	20b. IF YI IN CERT Y IRY IN ITEM 18	ES, WERE FI IFYING CAI 'ES PART I OR PAR COUNT	NDINGS JSES OF 1 (T2)	STA	
	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTHEY MEDICAL EXAMIN AT WORK NOTHER NOTHER DISTRIBUTIONS 220.1 certify that (1) (this has sow the deceased alive or	CONDITIONS C. 19b. COND 19b. COND HOUR A. P. 21b. PLACE [AT HOME, ST	R AS A CONSEQUE DITRIBUTING TO E TO FOR WHICH DE INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. Re deceosed from 19	OPERATIO OPERATIO ANY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURF 21l. LOCATION STREET	200 AUTOPSY? YES NO CITY OR TO	20b. IF YI IN CERT Y IRY IN ITEM 18	ES, WERE FI IFYING CAI 'ES PART I OR PAR COUNT	NDINGS JSES OF 1 (T2)	STA	
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4107 WILKENS AVE.

INC.

DHMH - 16 50M 4/82 (VRA 15, 4)

HUBBARD FUNERAL HOME.

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should be detached for use as the burial-transit permit. Then please, with the State Dept. of Health and Mental Hygiene prior to burial, cri

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

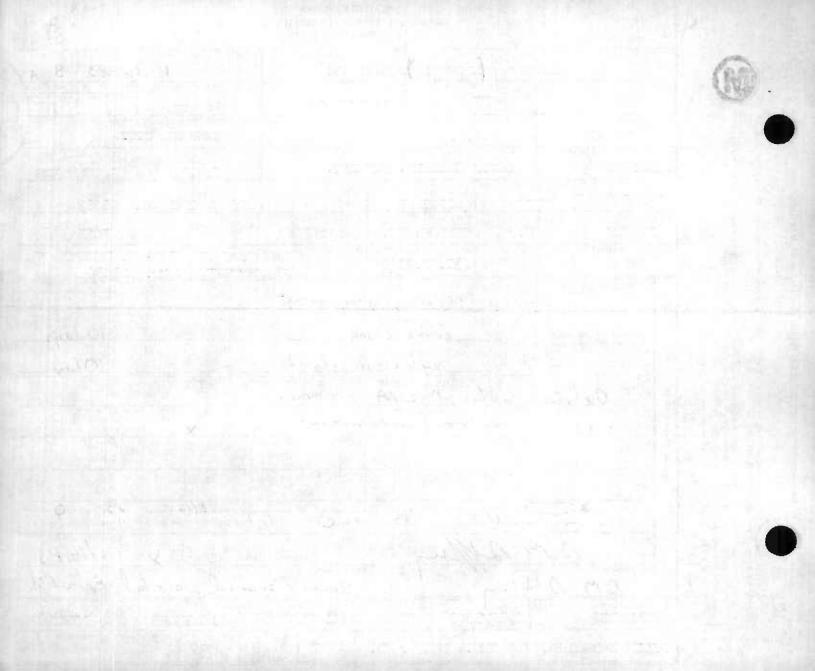
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		urial, cremation, removal REMATION			EMETERY OR CREMATORY MOUNT CREMATOR	23d. LOCATION CITY OF TOWN BALTIN	10RE	COUNTY	RYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

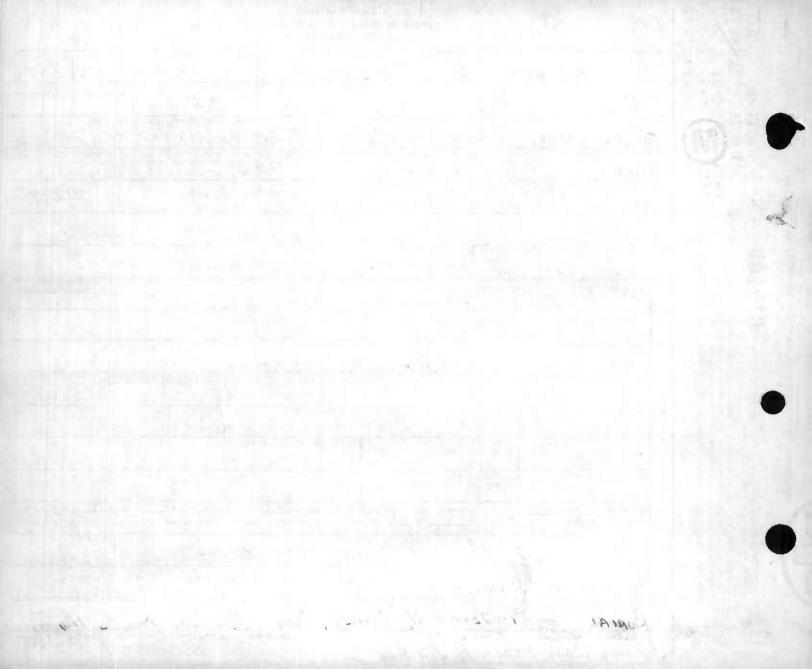
WALTER BROOKS BRADLEY INC., BALTO. MD.

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FOR - STATE

REGISTRAR DECEASED NAME

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APPROXIMATE INTERVAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIE 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Baltimore, Maryland Dulaney Valley Burial Baltimore, Maruland 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Leonard J Ruck Inc. Baltimore, Maryland (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

DAY

IF UNDER LYEAR

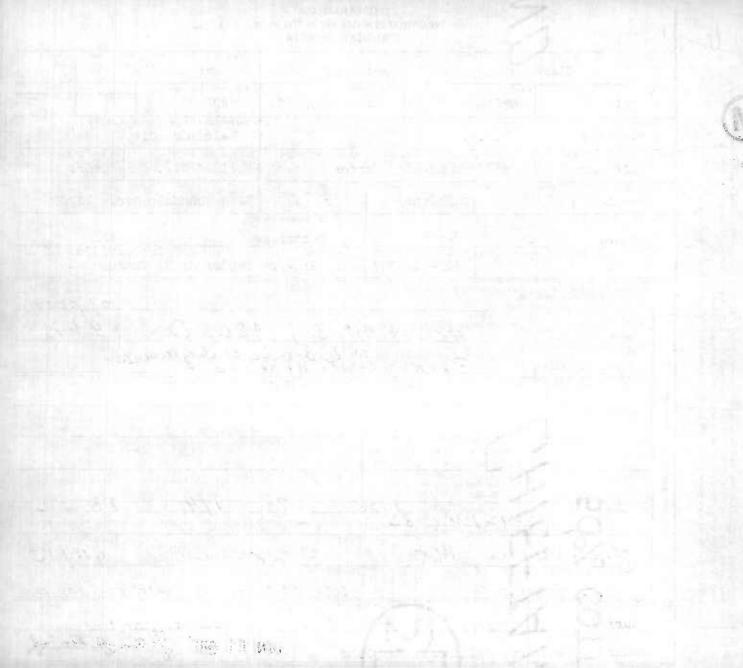
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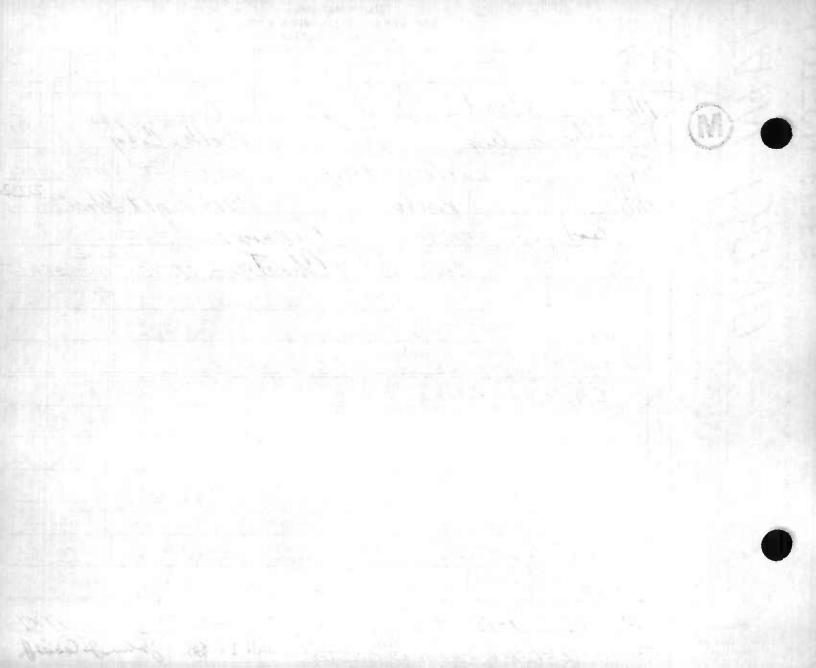
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IE UNDER 24 HRS





- STATE

(VRA 15, 4)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

20. DATE OF DEATH

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Chas. A. Rice PSPA 1300 Sucaw HQ.

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			200 AUTOPSY?	20b. IF YES, WERI	E FINDINGS USED	H?
	JURY MONTH DAY YEAR	21c. HOW INJURY OCCURR				
F C C	CITIZEN OF WHA USA NAME OF HOS IF NOT INSTITUTION GIVE DEPORTES? AR OR DATES) DUE TO, OR AS INDITIONS CONTE 196. CONDITION 216. TIME OF IN.	DEPARTMENT OF CERTIFICATION OF CERTIFICA	CERTIFICATE OF DEATH CAST Grant TAY LER S. DATE OF BIRTH BLACK S. DATE OF BIRTH DAY VEAR MONTH CHIZEN OF WHAT COUNTRY? NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INFOTUSICH FACULTY GIVE STREET ADDRESS) NOTH CHARLES DISCONSTITUTION GIVE RESIDENCE BEFORE ADMISSION) DEE WITSON DEE WITSON DEE WITSON DEFORCES? AR OR DATES) DUE TO, OR AS A CONSEQUENCE OF LIDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY 21c. HOW INJURY OCCURRE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. N. MIDDLE LAST Grant S. DATE OF BIRTH DAY WIDOWED MARRIED MARRIED MARRIED MARRIED MARRIED MONTH DAY WIDOWED MARRIED MARRIED MONTH DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDDLE LAST OF DATE OF DEATH REG. NO. TO DATE OF DEATH REG. NO. TO DATE OF DEATH REG. NO. TO DATE OF DEATH MONTH DAY OF DATE OF DEATH MONTH DAY OF DATE OF DEATH MONTH DAY OF DATE OF DEATH MONTH DAY OF DATE OF DEATH MONTH DAY OF DATE OF DEATH MONTH DAY OF DATE OF DEATH MONTH DAY OF DATE OF DEATH MONTH DAY OF DATE OF DEATH MONTH DAY OF DATE OF DEATH MONTH DAY OF DATE OF DEATH MONTH DAY OF DATE OF DEATH MONTH DAY OF DATE OF DEATH MONTH DAY OF DATE OF DEATH NOT DATE OF DEATH INC. DEATH DUE TO OR AS A CONSEQUENCE OF LIST OF DATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. Continued Certificate of Death Reg. No.	

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

230 NAME OF CEMETERY OR CREMATORY Eastview Mem

Baltimore Park

COUNTY

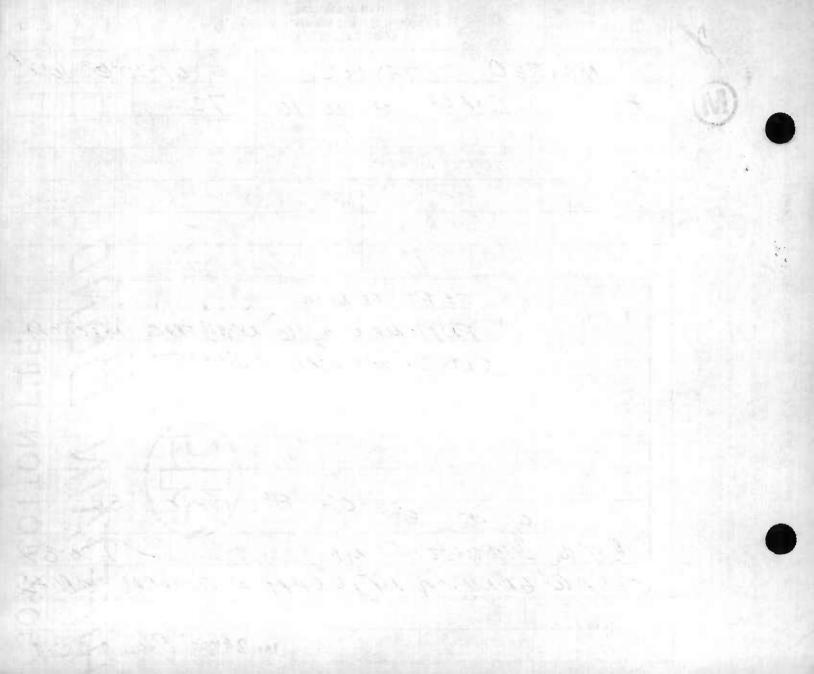
Burial
24 FUNERAL DIRECTOR

William C. March F/H 1101 E. North Ave

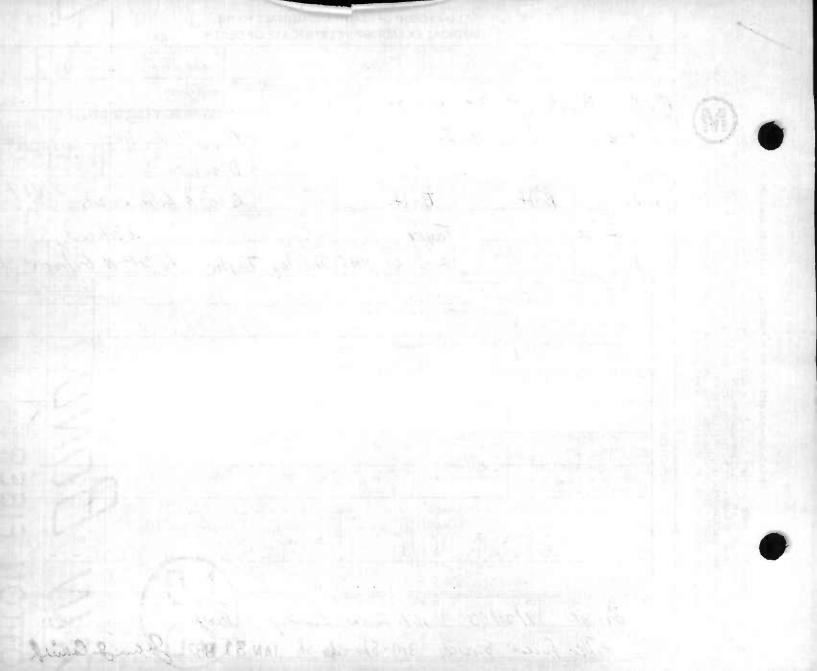
1/26/83

250. DATE REC'D. BY REGISTRAR 25 JEGISTRAR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)



			STAT	E OF MARYLAN	ND		0 1 2 1	
1-	FOR STATE		PARTMENT OF H				0 1 4 2	1
-	REGISTRAR FIRST		CAL EXAMIN	EK 2 CEKTIFIC	CATE OF DE	KEO.		
	WE DE PERCEN		AIDDLE	LAST		OF ESTI-	MONTH DAY YEAR	26. HOUR
	NA NA	THANIEL	TA'	YLOR		DEATH MATED	□ 1-25-83	M
F	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEA		IF UNDER 24 HRS.	2c. DATE	MONTH DAY YEAR	
1	Tale Black	9 28	YEAR LAST BIRTHDA	. Indiana	HOURS MIN	PRONOUNCED DEAD	1-25-839	3:34
1	IRTHPLACE (STATE OR	76 CITIZEN OF WHA		9.		9 BALTIMORE CITY	OR COUNTY OF DEATH	J. J-M
1000	DREIGN COUNTRY!	11	- COOIVIKI:	MARRIED NE				
7	md.	U1:),	WIDOWED [DIVORCED 📶	Log C. Illiot C		MD.
10.0	LITY OF TOWN OF DEATH		AL, NURSING HOME	OR OTHER INSTITU		UAL OCCUPATION (T	TYPE OF WORK 12b. KIND OF 8 OR INDUS	
F	Baltimore	1634 N. (Gilmor Str	eet	D	isabled		
USU	IAL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE R	ESIDENCE BEFORE ADMISSIO	N)			2	17/17
	STATE 136. COUR		Balt.	13d. INSIDE C	NO 13e. STI	REET ADDRESS	1 <i 4<="" td=""><td>1217</td></i>	1217
2000	Md. Da	1771	Da IT.		ER'S MAIDEN NAM	MI OF IND	11/4 2/1	
6	FIRST -	WIDDLE	LAST	IS. MOTHE	IRST	WIDDLE	2 / 1) LAST	
1	Lra		aylor	m	2121		Williams	
166	WAS DECEASED EVER IN U.S. AR	RMED FORCES?	166 SOCIAL SECURITY		MAINT	ADDRE:		
	No		215-30-4	1995 Shir	ley Tay	br 163	SH- N. Gilmo	one St
	18 CAUSE OF DEATH (Enter or	nly one couse per line fo	r (o), (b), and (c))		1		APPROXIMA	
1	PART I DEATH WAS CAUSE	IN BV		oroatitio			BETWEEN ONS	SET AND DEATH
	577/IMMEDIA		hronic pan					
1	Conditions, if any, which		A CONSEQUENCE C)F				
1	gove rise to immediate							
	couse (a) stating the <u>under</u>	DUE TO, OR AS	A CONSEQUENCE C	F				
	lying couse lost.	(6)						
	PART 2 OTHER SIGNIFICANT CONDITIONS	(c) CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE YERM	NAL DISEASE OF CONDITION	N GIVEN IN PART 1 (a)			
z	The state of the s	COMMUNICATION OF STATE OF	SELVIEW IN INC TERMI	AND ADDRESS OF COMPILIO	M OITEN IN FART I (8)			
CERTIFICATION	19a DATE OF OPERATION	THE CONDITIO	N FOR WHICH OPER	TIONI WAS DEDECT	MED2		100 4177000	v0
2	174 DATE OF OPERATION	176 CONDITIO	IN FOR WHICH OPER	TION WAS PERFOR	meU?		20 AUTOPS	Tr
#							YES X	NO 🗌
8	216. EXTERNAL CAUSE WAS	216. TIME OF IN	JURY AONTH DAY YEAR	2Tc. HOW INJURY	OCCURRED (ENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
	UNDERLYING OR		NONTH DAT TEAK					
MEDICAL	214 INJURY OCCURRED	21e PLACE OF	INJURY (AT HOME,	21f LOCATION				
E	WHILE NOT WHILE	STREET, FACTOR	Y, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK							L Lyd
	22a I certify that I took char	ge of the remains descri	bed obove, held on	Autopsy X.	Inspection .	Inquiry ,	ond in my opinion	
	death resulted from: A . Note					termined monner		
1	Geom resoned from: A North	A. A.	, Sui			aeranneu monner		
	ACTUAL WWW	48-6, 14	Uhill	,	SPECIFY)		DATE 1-20-	07
+	SIGNATURE	The Mark	rica	MASSIS	tantMED	DICAL EXAMINER	SIGNED 1-29-	02
)	EYAAAINIED'S NIAAAE		14 11 14	0	111 D-	on CTroot		
1	(TYPE OR PRINT) M	argarita A.	Korell, M.	D. ADDRESS_	III Pe	enn STreet		
230.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEA	ETERY OR CREMATO	ORY [23d. L	OCATION Y OR TOWN /	COUNTY	
	(SPECIFY) Renial	1/30/83	mly	SALL AD	where cir	R TOWN	COUNTY	ATE
24	FUNERAL DIRECTOR	11 20103	MITTE	OU LICKE	250, DATE REC'D B	Y REGISTRAR 25h RE	GISTRAR'S SIGNATURE	,
	- 11 P	ADDRESS	3.0.0	1 1 1		1 1000		
101	at Miller tu	ecral ocycle	es 319-0	Moder st	JAN 31	198	my take	



A SUPERIOR real sales file. AND THE RESIDENCE OF THE PROPERTY OF THE PROPE Marchael Inferration B SECTION OF THE SECTION of the American and the period of the American and the

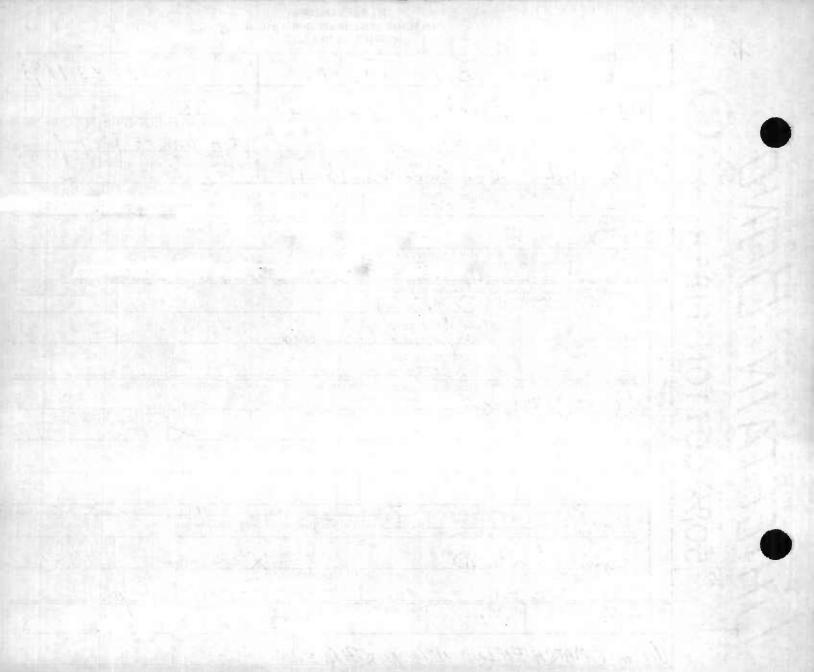
		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	0 1 4 2 9
densh densh		CEASED NAME FIRST	IVA JANE	TAYLOR.	20 DATE OF DEATH MONTH	28 83 740 M
A	3. SE	Female	White.	5. DATE OF BIRTH MONTH DAY YEAR 3 31 1992	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
M) 70		RTHPLACE ISTATE OR FOREIGN COUNTRY) OTTH Carolina	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	[[[]]]	NTY OF DEATH CITY MD
11 40	10 C	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN	
filled in ould be	JaU. 13a S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134 CITY OR TOW	ADMISSION) N 13d. INSIDE CITY LIMITS?		21229
300	14 F.A	THER'S NAME FIRST	Cooper Edwards	15. MOTHER'S MAIDEN N. S Nancy	AME	Spurlin
Pages 1		VAS DECEASED EVER IN U.S. AR (IF YES, GIV	WE WAR OR DATES) 166 SOCIAL SECU 213-74-8		Edith, Taylor Same as ab	
physics proper movel event, th		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), one ED BY: TE CAUSE (a)	ardia der	est.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d by the ottendin lease remove corb iol, cremotion, or or other troumotic		Canditians, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) MALLLY DUE TO, OR AS A CONSEQUE	Scherch Corder	psah disin	lechner
been signe mit. Then p prior to bur any injury,	CERTIFICATION	PART 2. OTHER SIGNIFICANT (MULLY) ALL 190 DATE OF OPERATION	som, lel levil	DEATH BUT NOT RELATED TO THE TER. OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED
ficate has transit per I Hygiene 18 shows		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE-	216. TIME OF INJURY HOUR A.M. MONTH DA	21¢ HOW INJURY OCCUI	YES NO	RTIFYING CAUSES OF DEATH? YES NO NO NO NE PART L OR PART 2)
and and sed	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		211 LOCATION STREET	CITY OR FOWN	COUNTY STATE
for us of He 21 is		22a l certify that (I) (this haspi saw the deceased alive an above, (I) (we) (Ind) (did no	tal) oftended the eceased fram	and that in (my) (exc) apiniar	, to	19 23 , that (III (we) last have and from the causes stated
State Dept.		226. SIGNATURE LETT 22d. PHYSICIAN'S NAME (TYPE OF	Paurs-I		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 1/19/83
should be detected with the State D	22	CLIFF	RATLIEF, 5		est biew MA	ALL CATINSHI
	- (urial, cremation, removal specify) urial		ame of cemetery or crematory . Carmel Cemetery	23d LOCATION CITY OR TOWN Emmorton H	larford Md. STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009

- 2 7 JAN 31 1983 Jan J. Comity

3	FOR STATE	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG	IENE 8 3	014	3 0
(REGISTRAR		FICATE OF DEATH	REG. NO		
	DECEASED NAME FIRST TYPE OR PRINT) WILLIAM	n B.	Tylor.	20. DATE OF DEATH	AONTH DAY YEAR 26 / - 1 - 83 /	HOUR ST
3	MALE	Black Date	OF BIRTH	6. AGE (IN YEARS LAST BIRTH		UNDER 24 HRS OURS MIN.
200	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? MARRI WIDOW	ED NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH	1 MD
340	BAHO. Md.	11. NAME OF HOSPITAL, NURSING HOME (IF NO) SUCH FACILITY ONE STREET ADDRESS)	1/-1	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		USINESS OR
6 13	SUAL RESIDENCE A IF NURSING HOME OF IN STATE 136 COUP	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		2647 Lore	tte Avenue	0000
0	FATHER'S NAME William	Taylor, Sr.	15. MOTHER'S MAIDEN NAM Marie	ME MIDDLE	Wonson	
og 160	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	17. INFORMANT	ADDRES		
# # =		N/A	Phillis Scri	ber 1/18 E.	Lamont Avenu	
c event, 1	PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and (c) is in the cause per line far (a).			BETWEEN ONS	E INTERVAL ET AND DEATH
troumot	Conditions, if any, which	DUE TO, ORAS A CONSEQUENCE OF	neumania.	55 St		
r other tr	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	Carcinenia			
o 'Aunius' o		CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE OR COND	TION GIVEN IN PART 1(0)	
as and in in in in in in in in in in in in in	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	
7 /7	OD COLUMNIA COLUMN	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
orked or Item	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
s mo	220.1 certify that this haspi	ital) attended the deceased fram		to 1/1	19_83, tha	(we) last
If Item 2	obove (I) e) (did) did no	Diview the bady after death. 19	DEGREE ATTENDING	MEDICAL STAFF	27s. DAJE SIG	
Ž—	224. PHYSICIAN S NAME (TYPE C	DR PRINT)	PHYSICIAN D	DIRECTOR PHYSICI	AN	53
with the	Col	ulter	1 Bon S	ecours	140 Steral	
23	BURIAL, CREMATION, REMOVAL	1/5/02	CEMFTFRY OR CREMATORY S Mem. Pk	23d LOCATION CITY OR TOWN Arbutus,	COUNTY	STATE Md
/80	FUNERAL DIRECTOR	THTO 1985 ALOS	771 A. — A.N.	REC'D. BY REGISTRARIZ	Sh. REGISTRAR'S SIGNATURE	1



1	1.	FOR - STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 3	0	1 4	3 1			
		CEASED NAME FIRST	MIDDLE	THAY	70N	20. DATE OF DEATH	MONTH DAY	83	340 PM			
	3. SE	Male	Black	5. DATE (6 AGE LINYEARS LAST BIRT	YRS.	NDER I YEAR	IF UNDER 24 HRS			
2	5	IRTHPLACE (STATE OR FOREIGN COUNTRY) VA	76 CITIZEN OF WHAT COUNTRY? USA	WIDOW		Baltimore city o			MD.			
3/	В	altimore	11. NAME OF HOSPITAL, NURSIN (IF NOUN SUCH FACILITY, GIVE STREET, Baltimore Ci	ty F	Hospital	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST O		26 KIND O NDUSTRY	F BUSINESS OR			
35	13a. S	MD 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY Baltimo		YES X NO 1	13e STREET ADDRESS Th	e Alan	neda	21218			
200	14. FA	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAA	WIDDLE		LAS1				
medical		WAS DECEASED EVER IN U.S. AR. YES NO UNKNOWN) (IF YES, GIV			Mary Curry	2740 The		eda				
c event, the		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF										
r other troumor		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost		7	ronths							
s any inlary.	CERTIFICATION	PART 2 OTHER SIGNIFICANT O		ns <u>Contributing to Death</u> but not related to the termin ondition for which operation was performed			20b. IF YES, WI	ERE FINDIN	GS USED			
Tem 18 sport	_	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	YES NO	YES TY IN ITEM 18 PART I		NO 🗌			
orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE			
mem z i is m		sow the deceased alive an	t) view the body after death		nd that is my (our) opinion of DEGREE	death occurred on the do	te and hour an	d from the c				
OK AND		22d PHYSICIAN'S NAME (TYPEO	Q Wig MD RPRINT) WELLGRAW 1		ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAF	IAN	1/31	<i>[8]</i>			
-	23a E	BURIAL, CREMATION, REMOVAL	236. DATE 23c. N	AME OF C	EMETERY OR CREMATORY 1burn Cem.	23d LOCATION Baltin	nore "	OUNTY	MD			

DHMH-16 50M 1/81 (VRA 15, 4)

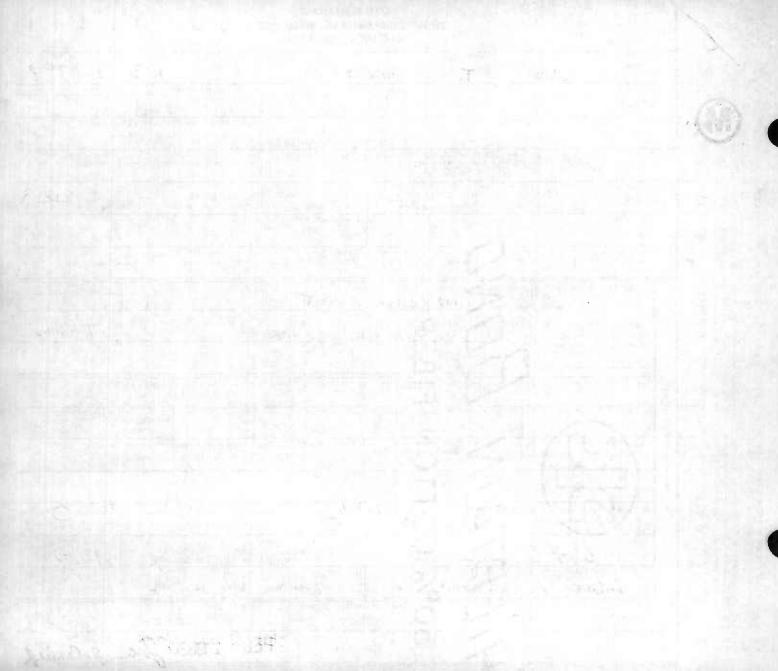
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TO FUNERAL DIRECTOR: After

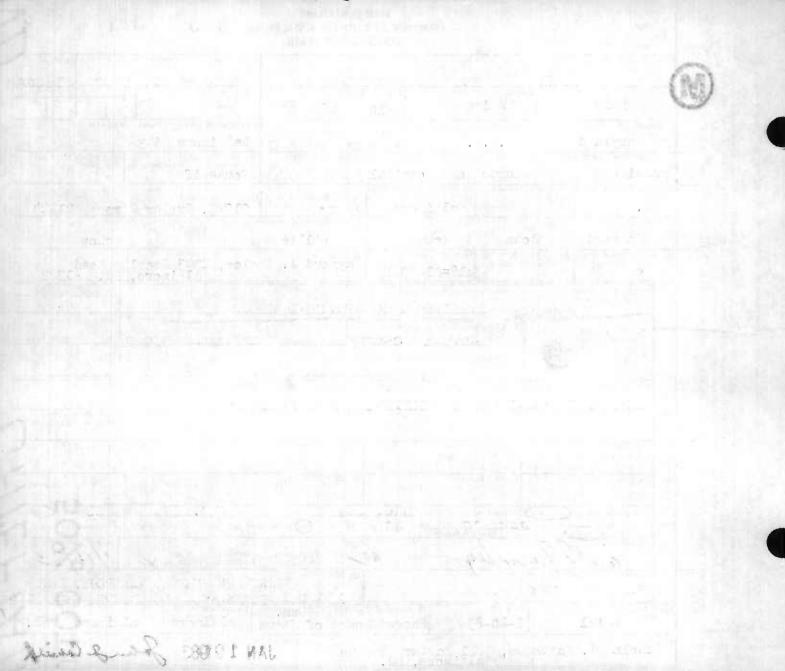
should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

24 FUNERAL DIRECTOR 1101 E. North Ave. March F/H

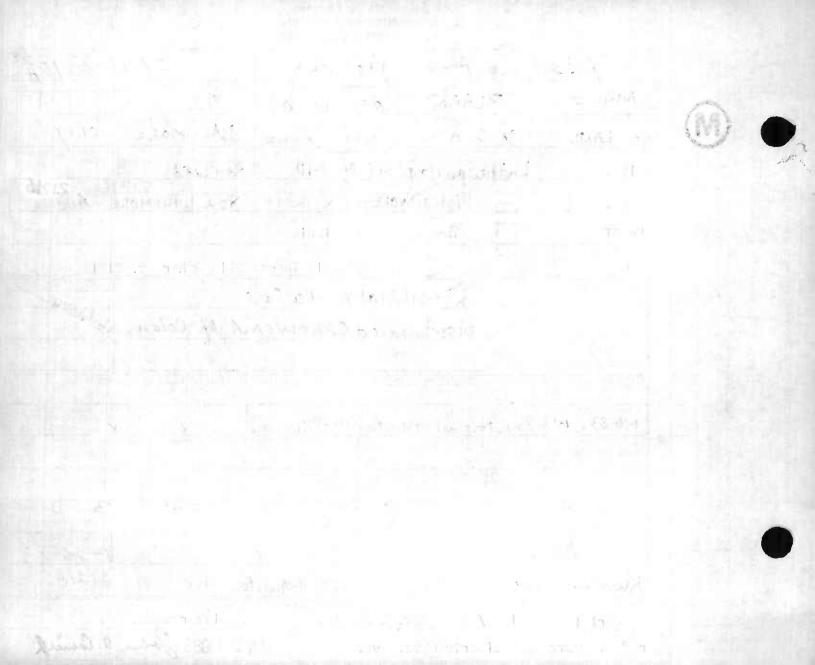
250 DATE REGID. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1983



		FOR STATE REGISTRAR		PARTMENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		8 3 REG. NO	0	4	3 2
		CEASED NAME FIRST	WIDDLE		AST	20 0	ATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
A M	1	MARI	Е Е.	TH	IELEN		IANUARY	17.1	983	3.00%
nather of	SE	x Female	4. RACE White	5. DATE C		6. AC	GE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
n 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTY	MARRIE WIDOWE	D NEVER MARRIED		altimore city or	COUNTY	OF DEATH	MD
s ofter do by the fur iled within	100	altimore	11. NAME OF HOSPITAL, N Church Home	IURSING HOME O		N 12a.	USUAL OCCUPATION OF WORK FOR MOST OF	N	126. KIND O INDUSTRY	F BUSINESS OR
filled in lould be f	13a. S	AL RESIDENCE (IF NURSING HOME TATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 13c. CITY OF	BEFORE ADMISSION)	13d. INSIDE CITY LIMI		STREET ADDRESS	lev S	treet	21224
completely ond 2 sh	14. F.A	THER'S NAME Raymond	John Ro		15. MOTHER'S MAIDE	N NAME	WIDDLE		McCoy	ī
n and co		VAS DECEASED EVER IN U.S. / (15 YES, NO OR UNKNOWN) (16 YES, NO	COSTAGE OF DATES	1-0921D	Raymond J	. Thel	en, 2343 Balti	ss Searle more.	es Road	1222
ow requires that the death certificate been signed by the attending physici mit. Then please remove carbon paper prior to burial, cremation, or removal, any injury, or other traumatic event, th	ATION	Canditians, if any, which gave rise to immediate cause late, stating the underlying cause last	DUE TO, OR AS A CON- (c) T CONDITIONS CONTRIBUTING	SEQUENCE OF TOSCLES SEQUENCE OF G TO DEATH BUT GESTIVE	NOT RELATED TO THE	DIOVA E TERMINAL ATLUI	disease or cond	DITION GIVEN		
icate has ransit per Hygiene Hygiene 18 shows	L CERTIFICATION	210. ACCIDENT WAS UNDERLYING		H DAY YEAR	21c. HOW INJURY O	YI	S NO X	IN CERTIFYI YES	ING CAUSES	
DING PHYSICIA or attending pl After this certif e as the burial-t e as the burial-t alth and Mental marked ar them	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 210. PLACE OF INJURY I AT HOME, STREET, FACTORY, C	DEFICE, FARM, ETC.)	21f LOCATION STREET	Regul	CITY OR TOV	/N	COUNTY	STATE
OR ATTENDIN ne hospital or DIRECTOR: Af ached for use a Dept. of Health			spital attended the deceased on JAM 17 and view the body after death.	_19 <u>83</u> , ar	28 , 19 or op	82 pinian death	occurred on the do	7 , 19 te and hour c		
1 4 6		22d PHYSICIAN'S NAME	ornly (CORPRINT)	n	ATTENDI PHYSICI	IAN DIR	DICAL STAF	IAN	1/17	183
TO HOSPITAL retained by the TO FUNERAL should be defined with the State IMPORTANT:	23n	PAUL GORMLI	EY, M.D.	1231 NAME OF C	LOO N.	BROZ	HOSPIT	AL CO		TION MD. 21
BP		SPECIFY Burial JNERAL DIRECTOR	1-20-83	Sacred I	Heart of Je	esus	Baltimore		Ltimore	
DHMH - 16 50M 4/B2 (VRA 15, 4)	Ni	cholas T. Mat	thews, 3021 East Baltimo	stern Ave	enue	JAN	1 9 1983	John	ars signat	saich



	1.	FOR STATE		DEPARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 3	0 1 4	3 3
poge 3		REGISTRAR CEASED NAME Albert	MIDDLE		onas	REG. NO.	1 -25-83 Th	HOUR 5
ther, po	3. SE	MALE	BLACK	S. DATE C		6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HO	UNDER 24 HRS OURS MIN
(M)		RTHPLACE (STATE OR FOREIGN DUNTRY) Penna	76 CITIZEN OF WHAT C	OUNTRY? 8 MARRIE WIDOWI	D NEVER MARRIED D	BALTIMO RECITY OR		r ,
by the filed will	I	TY OR TOWN OF DEATH	Lutteran	HOSD ? TELP	of MD.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		USINESS O
filled in nould be	130 3	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	R OTHER INSTITUTION, GIVE RESIL NTY	DENCE BEFORE ADMISSION) Y OR TOWN LTIMORE	13d INSIDE CITY LIMITS? YES NO [130 STREET ADDRESS	21216 IMORE AUG	7
ond 2 sh		THER'S NAME	MIDDLE	omas	15. MOTHER'S MAIDEN NA Minnie	WE	LAST	
Pages 1		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b SO	CIAL SECURITY NO.	Ronald Thoma	ADDRESS s 2710 Baker		
n signed by the offending Then please remove corbo to buriol, cremotion, or re njury, or other troumotic e	NO	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C	ONSEQUENCE OF	OF RELATED TO THE TERM			
buriol-tronsit permit. Mentol Hygiene prior or Item 18 shows only i	MEDICAL CERTIFICATION	190 DATE OF OPERATION	216. TIME OF INJUR HOUR A.M. MC	ONTH DAY YEAR	21.1000-1	YES NO	A.	USED DEATH?
e detoched for use os the Stote Dept. of Health and ANT: If them 21 is marked	MED	270. I Certify that 10 (this hosp sow the decease to live or obove) we did (did not 22b. SIGNATURE	oitol) ottended the deceo	sed from 19 3 , o	3 3 19 82 and that in (m) (our) opinion DEGREE	city or town to	22c. DATE SIG	ses stated
should be det with the Stote	230	SPECIFY Burial	JAM KII	23c. NAME OF C	730 ASHOW	ton Ave	J-1216	STATE
6 50M 1/76 15 (4))		UNERAL DIRECTOR Prof 0. Dyett 4			25a DAT	E REC'D. BY REGISTRAR	REGISTRAR'S SIGNATURE	



									ARYLANI						
0		1	FOR STATE		1	DEPARTA	MENT OF H	EALTH	AND ME	NTAL HY	GIENE	1	0 1	23	12 5
X	7	1,-	REGISTRAR		MEI	DICALE	XAMINE	R'S C	ERTIFIC	ATE OF	DEATH	DEC	S. NO.		9 -4
	X	1. DE	CEASED NAME	FIRST		MIDDLE		L	AST		2n D	ATE KNOW		DAY YEAR	26 HOUR
	(1	[TY	PE OR PRINT)	Labor				-				OF ESTI-		0.1	
	E SE			John		Jerom			homas			ATH MATEC	1 10	2 19 8	
	ZD CO	3. SE	X 4. RA		DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY	MONTHS	DER 1 YR. I		4 HRS. 2c. [OUNCED	MONTH	DAY YEA	24 HOUR 4:15
	E2665	1	Male	W	5 23	24	58 YRS	5.				EAD	1	23 19 8.	
	5 3E 3E 3	1/2	TRTHPLACE (STATE OR	.7b	CITIZEN OF WE	AT COUNT	RY?		D NEVE	ED AS ADDIES	9. BA	LTIMORE CI	TY OR COUNT	Y OF DEATH	
	CAR THE	0	Md.		TT C	N A		WIDOWE		DIVORCE		Ral+	imore C	1+1/	440
	NO STANCE	10. C	ITY OR TOWN OF DE	ATH II	NAME OF HOS	PITAL NUR								126 KIND OF I	BUSINESS
	PERES.	1			HE NOT IN SUCH FA							WORKING LIFE)		OR INDUS	STRY
	35° #8	4.4	altimore		411 S.		sta Ave				Retir	ed-We	esting	house	
3	TOSEEDS!		STATE	13b COUNTY	THER INSTITUTION, GR		OR TOWN		13d INSIDE CITY	Y LIMITS?	3e. STEBAL	itros .	Md. #	21229	
	A AND A AND		Md.			Bal	to.		YESX	NO 🗆			usta A		
9	NEWS	14. F	ATHER'S NAME	-	IDDLE				15. MOTHER	R'S MAIDEN		MIDDLE		LAST	
	E-25-27	D-	FIRST	UNKNO		L	AST		Cox	stan	00	MIDDLE		• LASI	
3	00800	16a.	WAS DECEASED EVER			16b. SOC	IAL SECURITY	NO.	17. INGORWY	ANTO	Annana	_ ADD	RESS TO		36.3
	E7889	- (YES, NO, OR UNKNOWN)	(IF YES, GIVE WAR					424	f ^{NT} S.	Augus	ta Av		Balto.	, Ma.
	SAFIER DEATH, IS GIVE PAGES 1, 2 TITH FORM PM 3 PAGES ("AND 2.8) WISION OF VITA		Yes	W.W.			18-65	98 1	Mr. Ga	arry	J. Tho	mas	#2	1229	
	843-0		18 CAUSE OF DEA	ALAS CALISED BY	/									BETWEEN ON	SET AND DEATH
	A ENSONAL A		F7796	IMMEDIATE (AUSE (o) He	patic	failur	^e							
5	A A A A A A A A A A A A A A A A A A A		2/20				SEQUENCE O								
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- 2	DIED WITH IN PENCIL EXAMINER IAL - TRANS OM, OR REA		lying cause last		00210,01	70 A CO	DE GOETT CE O							1000	
Č	XECUTE CALEX BURIAN AND A VATION				(c)										
9	DIVISION OF VITAL RECORDS, JOHN FEBRION ST. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL RITING THE WORD "PENDING" IN PENCIL IN TEM 18 ROED TO THE CHIEF MEDICAL EXAMINER ALONG BE 3 HOUNG BE USED AS A BURIAL - RRAID FERMI EDEPARTMENT OF HEATTH AND MENTAL HYGIENE, OI PRICE TO BURIAL, CREMATION, OR REMOVAL.	-	PART 2 OTHER SIGNIFICA	NI CONDITIONS CONT	TRIBUTING TO DEATH	BUT NOT RELAT	EO TO THE TERMIN	AL OISEASE	OR CONDITION (GIVEN IN PART	1 (a).				
	SHOULD BE ED ORD "PENDIN CHIEF MEDIC E USED AS A E FLOF HEALTH ,	CERTIFICATION						1600							
	SED AL	¥3.	19a. DATE OF OPER	ATION	19b. CONDIT	ION FOR V	VHICH OPERA	TION WA	S PERFORM	AED?				20 AUTOPS	Α.
	SHOULD SH	IÈ												YES 🗌	NOV
	ATE OF STEELS OF	1 2	210 EXTERNAL CAL		216 TIME OF			21c. HO	W INJURY C	OCCURRED	(ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR PAR	RT 2)	Λ
	S SHEET	I ž	UNDERLYING CONTRIBUTING		HOUR A.M										
9	STIFF SC TO TO TO TO TO TO TO TO TO TO TO TO TO	EDICAL	21d INJURY OCCUP		21e PLACE (19 (AT HOME,	21f. LOC	ATION						
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	H 2		229. I certify that	I took charge o	f the remoins des	cribed obov	e. heldan	Autapsy	, —	Inspection	X. Inc	uiry .	ond in my ap	unian	
	EXAMINER: CERTIFICATION ULD BE FOR: DIRECTOR: I, WITH THE MARYLAND		death resulted from		MA	Accident	Suic		Hamicia		Undetermine				
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	A NA SE	-	EXAMINER'S NAME	Thon	2000	mith	MD			111	Donn	· T	Dalta	MD	
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIRECT TO FUNERAL DIRECT BALTIMORE, MARYL		(TYPE OR PRINT)	HOI	nas D. S				DDRESS		Penn S		Balto.,	ויווי).	
	522558	23a. l	BURIAL, CREMATION,	REMOVAL 236	DATE	23c. N	AME OF CEM	ETERY OR	CREMATOR	RY	23d LOCATION	NC	COUN	AIA	STATE
	BP		Burial	7-	-27-83	Me	adowr	1000	e Cem	1.			Howar	d Co.	.Md.
	DHMH - 17	24.1	UNERAL DIRECTOR					-	29	50. DATE RE	C'D. BY REGI	STRAR 255	REGISTRAR'S S	GNATURE	× 1
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	/-		1 00	REGISTRAR			1	AST	REG. N		To make
	m £	24		OR PRINT)	FIRST	MIDDLE	-		20. DATE OF DEATH	MONTH DAY YEAR	
тоу be	deoth				AKY	K	1.0.7	HOMAS	JAMUAKY	22 19	-
£ E	6	1	3. SE	-	4. RACI		5. DATE (DAY YEAR	6 AGE (IN YEARS LAST BI	MONTHS DA	
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	-	20	200	RTHPLACE (STATE OR FOR		ZEN OF WHAT COUN	MARRIE	NEVER MARRIED	0.0	OR COUNTY OF DEATH	
deoth.	100	1		TY OR TOWN OF DEATH		人· S · 朴 ·	WIDOWI	D DIVORCED DIVORCED	120 USUAL OCCUPAT	<u> </u>	MD. D OF BUSINESS OR
ofter	the fu	70	10 C	0 .	aud IF I	NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)		(TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUST	RY
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ND 21		20	13e.	TATE 13	COUNTY	13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	6 01	2 22
	y fill	<u> </u>	M	THER'S NAME	1.6.	lemple	Hills	YES NO	12114 Kent	ing of	20748
ARYLA within	mpletely ond 2 sh	60	47	FIRST	MIDDLE	C A LAST		FIRST	MIDDLE	D	LAST
	0 - " -	200	1	VAS DECEASED EVER IN	H. ABMED SC	5/4b	ECURITY NO.	Kebecch	ADDR	Du.	sh_
BALTIMORE,	75 (1)	Z	(ES, NO OR UNKNOWN)	IF YES, GIVE WAR OR			17 INFORMANT	Thomas 211	1 1	St.
Pe Pe	.0 %	0		V/A				James to	217		OVERAL ISMESSA
VST., BAL	physici npoper movol.	f,		PART I. DEATH WAS	Enter only one of CAUSED BY:	ouse per-line for (o), (b	. (/			BETWE	POXIMATE INTERVAL
ST.	000	event,			MEDIATE CAUS	SE (0)	once	mucum	CL		1 ceres
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de de	offe	roumotic		Conditions, if ony, w		(p)	nucl	The Clear	ret voiscure	acception	291
	the rem	other		cause (a), stating		JE TO, OR AS A CONS	EOUENCE OF				
5 £	0 0 0	ō				(c)					
	signe hen p	, ćunlury,	z	PART 2. OTHER SIGNIF	ICANT CONDIT	ions <u>contributing</u>	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PART	110
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require otherwing physicion.	been mit. The	ou A	CERTIFICATION	19e. DATE OF OPERATIO	NI 100	. CONDITION FOR WI	HICH OPERATIO	N WAS DEDECTIONED	200 AUTOPSY?	20b. IF YES, WERE FIN	IDINGSTISED
PEC	perm perm	04	5	178 DATE OF OFERATIO	173	1. CONDITION ON WI	TICH OF EKATIO	TO THE OWNER		IN CERTIFYING CAU	SES OF DEATH?
TAL F The sicion.		ğ /	ERT	21a. ACCIDENT WAS UNDER	LYING 1	. TIME OF INJURY		21s. HOW INJURY OCCU	RRED (ENTER NATURE OF INIT	YES	NO [
F VIT.	certificate uriol-tronsit	9		OR CONTRIBUTING _ CAU	SE OF DEATH	OUR A.M. MONTH			(ENTER TATIONE OF TAX	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
SION O PHYSIC ending	s cert buriol Mente	7	MEDICAL	(IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED		P.M.	19	211 LOCATION			-
PH. tend	os the b		ME	WHILE NOT WHILE	(A)	HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	STREET	CITY OR TO	OWN COUNTY	STATE
	£ 8 €	morked		AT WORK - AT WORK		and all the decreased for	om 6	8 10 83	- 1- 2	2 10 83	that (I) (we) lost
ATTEND		50		22s.1 certify that (1) (the saw the deceased	olive on	-11	VS	nd that in (my) (our) opinio	n death occurred on the o		
	DIRECTOR: sched for us Dept. of He	Hem 21		obove, (I) (we) (did 22b. SIGNATURE) (did not) view	the body ofter death.		DEGREE			ATE SIGNED
the h	0 %0	±		57 1	4. 6.	11/0100	a n	ATTENDING	MEDICAL STA	FF _ /	22-83
TAIL PITAI	A P O	<u> </u>	1	22d. PHYSICIAN'S NAM	E LIVE OF PRINT	w wan	gni	PHYSICIAN 122: ADDRESS	DIRECTOR PHYSI	CIAN	22.03
Sos	FUNERAL old be det	MPORTANT		The state of the s	((7,50,11,00			
O #	should be with the St	¥ I	0.2			NATE T	22. NAME OF	ENETERY OR COST	23d. LOCATION		
			230.	SURIAL, CREMATION, RE				EMETERY OR CREMATORY	CHA OF LOMIN	1 countr	STATE
BF		- 77	24 5	JUNE AL DIRECTOR	101	-26-83	Forest	H, 11 > Cemes	ATE REC'D BY REGISTRAL		ALURE .
	- 16 50M 4	/82	D	NAME)	id	ADDR	1 11		AN 2 7 1983	John J.	abiel
(V	RA 15, 4)		LK	Obert G.	MASON	1661 (70	od Hop	e Kai			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

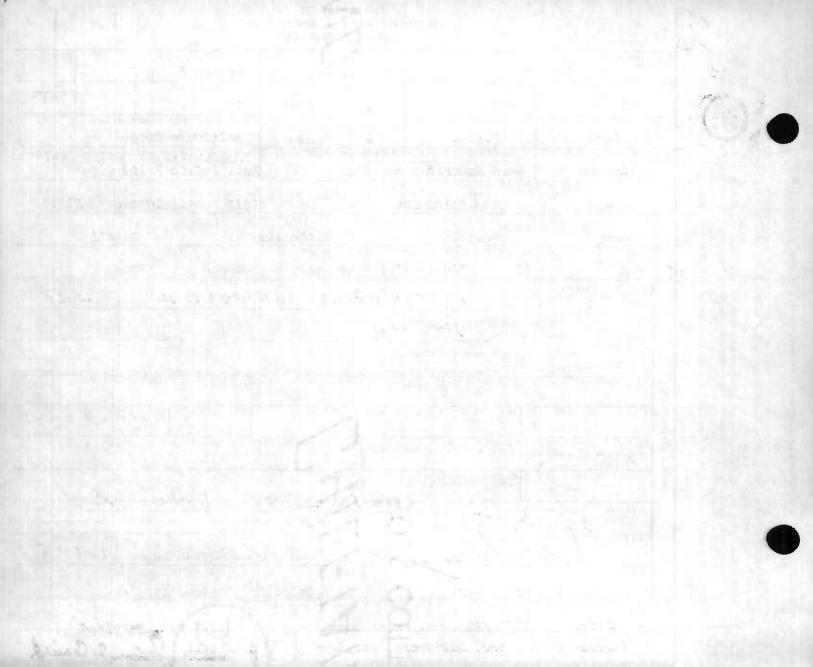
D		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	,		
T		CEASED NAME	FIRST	,	MIDDLE		AST		MONTH DAY	YE AR	2b. HOUR
	(1 YPE	OR PRINT)	Alber	t	E	Thom	pson Sr	January 5	1983		M
	3.58	х		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
		Male	2 11	White		Marc	ch 12, 1924	58	YRS.	NIHS DAYS	HOURS MIN.
	76" B	RTHPLACE (STATE O	R FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8.	D A NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	
		Maryland		U.S	.A.	WIDOWE		Baltimore	City		MD.
1	₹0. CI	ITY OR TOWN OF D	EATH	11. NAME OF H	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120. USU & SECURATE	y St J	今時ではい	FAUSTES Ca.
2		Baltimore		Good S	amaritan	Hosp	ital	Ret. Police	Balt.	City	
1		AL RESIDENCE (IF NU	13b. COUN	OTHER INSTITUTION	130 CITY OR TOW		1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
0		Maryland			Baltimo		YES 🔀 NO 🗌	2812 Westfi	eld Av	e 2	21214
	14 FA	ATHER'S NAME FIRST	N	AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	1
N.		Froney			pson		Catherine			tell	
1		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	200	
		Yes	WW	11	216-14-	7921	Mrs Mary M !	Thompson	Sam		
		18 CAUSE OF DEA	TH (Enter only	y one couse per	line for (a), (b), an	dicia.	20 10	210-0		BETWEEN (MATE INTERVAL ONSET AND DEATH
		ALLO CO	IMMEDIATE		rayor	10/10	DIM 145	visces to	u	17	128
		4100		DUE TO, OI	R AS A GONSEQUE	NCEOE					
		Conditions, if on		(b)_	1750	00					
		gove rise to in couse (a), stat	ing the	DUE TO, OF	R AS A CONSEQUE	NCE OF					
		underlying cou	se lost.	(c)		100					
	7	PART 2 OTHER SIG	GNIFICANT C	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	ITION GIVEN	IN PART 1	0
	CERTIFICATION										
9	ICA	190 DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN		
4	RTIF							YES NO	YES [NO 🗌
Ó		210. ACCIDENT WAS U		216. TIME O	FINJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 1B PART	1 OR PART 2)	
7	CAI	(IF EITHER NOTIFY ME		P.,	M	19			V-14-1	- 1000	
	MEDICAL	214 INJURY OCCU		21e. PLACE	OF INJURY	ARM ETC 1	21f. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
	~	AT WORK AT W	WHILE		=	0	1000	2 10		8	
		220.1 certify that		A Landon	e deceased from_	0	A C 8	2, to 0 12	, 19	20	that (I) (we) last
		sow the decr	(dd) (did sot	hybridite body	offer depth.	000	nd that in (my) (por) opinion	death occurred on the do	te and hour o	nd from the	couses stated
		32k SIGNATURE	141	11/5/4	75	0	DEGREE	/		22c. DATE	SIGNED
	5	1	On	1016	hann	_	ATTENDING PHYSICIAN	MEDICAL STAF		1-1	5-83
		22d. PHYSICIAN'S	VAME (TYPE OR	PRINT]		149	22e. ADDRESS		1.00		
		Rich	ard D	Biggs M	.D.		7600 Osler	Dr Towson,	Maryla	nd	
		BURIAL, CREMATION	, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
		Crematic	n	1/10/8	3	Green	mount_	Baltimo			JIMIL

DHMH - 16 50M 4/B2 (VRA 15, 4)

MPORTANT: If them 21 is morked or them 18 shows any injury, ar other troumatic event, the

24 FUNERAL DIRECTOR MLeonard J Ruck Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 1850



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST 2a DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT LEE W 624 MOHT 3. SEX 4 RACE DATE OF BIRTH 6. AGE TIN YEARS LAST BIRTHDAYS IF UNDER I YEAR MALE IN BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED altimore DIVORCED TO WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALHMOLE university Md. Cancer 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS timor anylana YES TO NO [14 FATHER'S NAME 15 MOTHER SMAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16h. SOCIAL SECURITY NO Efnam APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CARDIO-RESPIRATORY MMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF ENCEPHALITIJ MENINGO Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last METASTATIC

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 200 AUTOPSY? 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased fram. and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED

PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME TYPE OF PRINT 22e ADDRESS s. Greene ST-Balto- 21201 CASSANEGO

ATTENDING

230. BUBIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82

BP.

(VRA 15, 4)

80

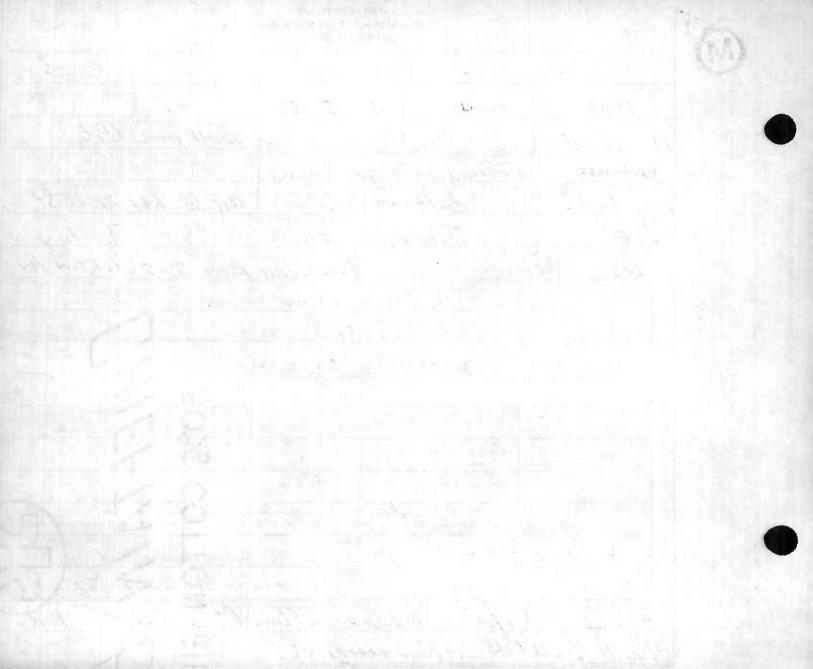
MPORTANT

rans (em. unal 24. EUNERAL DIRECTOR

10 WNSUILLE 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STAFF

MEDICAL



1	, = = = = = = = = = = = = = = = = = = =		STATE OF MARYLAND		
71	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY	SIENE 8 3 0	4 3 8
5 6/	REGISTRAR		CERTIFICATE OF DEATH	REG, NO.	
1	I DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
	TYPE OR PRINT! BARBARA	ST	HOUMAIAN	January 02.	1983 3 50 AM
AH	3 SEX	4 RACE	5. DATE OF BIRTH	100	FUNDER 1 YEAR IF UNDER 24 HRS
	FEMALE	WHITE	8 15 1914	68 YRS.	4 18
35	POT BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD USA	16 CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF	
Pa	10. CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
15	BALTIMORE		HEALTH SYSTEM, Inc	(TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	INDUSTRY
3 C	USUAL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY OR TOW	VN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	01011
9	Maryland	Baltimo	YES NO [3614 Keene Ave	nue 21214
700	FIRST	MIDDLE DA CO O TO	FIRST	MIDDLE	LAST
	HENRY 160 WAS DECEASED EVER IN U.S. AR	RUPPALT RMED FORCES? TIBLE SOCIAL SECU		ADDRESS	johann
medica		ive war or dates) 213 05			ne Avenue
ol.	18 CAUSE OF DEATH Enter or	nly one couse per line for to , (b), on ED BY	nd (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
veni	PART I. DEATH WAS CAUSE	rt Faihere enal Faihere			
or re	4100				
Jum.	Conditions, if any, which	000 10, 011 110 11 001 102 00	LUE MYOCARDIAL		
er fre	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU			
dth orth	underlying couse lost	(c)	ENCE OF		
y, or	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
injur	Cancer &	of the Colon			
D and	3 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
ows	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			YES NO YES	ING CAUSES OF DEATH?
Hyg 18 sh	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
them them	OR CONTRIBUTING CAUSE OF DE	Ain	19		
× 5	(IF EITHER NOTIFY MEDICAL EXAMINES	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
rked	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY OFFICE I	FARM, ETC) SINCE	CHYOKIOWA	COUNTY
e alti	220.1 certify that (I) (this haspi	oital) attended the deceased from_	NOU 22 1982		83_, that (I) (we) lost
21 i	sow the deceased alive an	ot view the body ofter death.	83. and that in (my) (our) opinion	death occurred on the date and hour o	and from the couses stated
ltem tem	22h/SIGNATURE	A CONTRACTOR OF THE BOOM	DEGREE		22¢ DATE SIGNED
ite De	Murillia of	Toleday.	MY ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	Jan 02-83
State TANT: I	224. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS		12-40-
MPORTANT.	Mirtha 2	Balcarar,	M.D. WYMAN PA	PLK HEALTH SYS,	TEM, Inc
3 ≧	230. BURIAL, CREMATION, REMOVAL	23b. DATE 23c. I	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
14 16	(SPECIFY) Cremation	Jan 3 1983	Green Mount Cemeter	Baltimone	O Mesculdad

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Maryland

Green Mount Cemetery Baltimore, Maryland JAN Baltimore, Maryland

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e must be nothed at once.

MPORTANT: If them 21 is marked ar Item 18 shows any injury, ar other traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	DAY	YEAR	26 HO	UR P	

	1 - FOR STATE CERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO.								
	T. DECEASED NAME FIRST MIDDLE PERCY T1			LGHMAN		20. DATE OF DEATH MO		3:48 P	
	3. SEX 4. RACE				5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER I YEAR	IF UNDER 24 HRS
н	M	ALE	BLACK		MONTH	29° 0 ŽEAR	80	YRS. MONTHS DAYS	HOURS MIN.
-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.		8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR		
_	7 31	RYLAND	us		WIDOWED DIVORCED		Baltimore City MD.		
8	В	altimore	11. NAME OF HOSPITAL, NURSING HOME O (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) Maryland General Hos			spital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) WATTER 120. KIND OF BUSINESS C		
6	MA MA	AL RESIDENCE (IF NURSING HOME OF STATE RYLAND	OTHER INSTITUTION	BALTIMOR		13d. INSIDE CITY LIMITS?	2417 W. LAF	AYETTE ST.	21216
C	14. FA	JAMES	MIDDLE	TILGHÂÏAN		15. MOTHER'S MAIDEN NA/	UNKNÖWN	LA	ST
1		VAS DECEASED EVER IN U.S. AR YES, NOW UNKNOWN) (IF YES, GIV	MED FORCES?	215-03-1		GRACE SANCH	EZ 2417 W.	LAFAYETTE	AVE.
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	D BY: IE CAUSE (a) DUE TO, O (b) DUE TO O (c)	RASIA CONSEQUE	lane	I neum made s malli	ronion Jus	24 45 Sep	S Z
	NOI	PART 2. OTHER SIGNIFICANT (SC CT	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	Inal disease or condit	ION GIVEN IN PART 1	o ·
2	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FIND! N CERTIFYING CAUSES YES	
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED	in l	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	HITEM 18 PART 1 OR PART 2)	
	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no		7 19		nd that in (my) (our) opinion o	death occurred on the date	and hour and from the	that (II (we) lost couses stated
		Dona for	in M	Morce		MD ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	N D	ZJ83
		AMATUL	PRPRINT)	NAFE	m	501 Dol	phin st	B-1100	30/7
	23a. B	BURIAL CREMATION, REMOVAL	1-15-8	7		MEM. PK.	LAUREL WAR	MARYLAND	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR
ENALE. PHILLIPS

1721 N. MONROE ST.

JAN 2 0 198

The state of the s



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

24 FUNERAL DIRECTOR

Wm. C. March F/H Inc. 1101 E. North Avenue

DHMH-16 50M 7/77 (VR A 15 (4))

- STATE

